

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 826025**

1. Entity Name

AMBASSADOR SEAFOODS, INC.**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90093 027 ***150.00

Principal Place of Business

Mailing Address

520 NORTHWEST 165TH STREET ROAD
MIAMI FL 33169**520 NORTHWEST 165TH STREET ROAD**
MIAMI FLA 33169-6303

A0006124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1355273

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BATES, DONALD H., JR**
520 N.W. 165TH STREET RD., SUITE 104
MIAMI FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BATES, DONALD H., JR	2552 AQUA VISTA BLVD	FORT LAUDERDALE FL				
V	SUPERSTEIN, MERRICK A	9028 BAY DRIVE	SURFSIDE FL				
ST	LAMOUTTE, FELIX	1002 WEST 41ST STREET	HIALEAH FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIX LAMOUTTE
COMPTROLLER

Date

Daytime Phone #

1/19/00 (305) 940.9133

CR2E034 (9/99)