

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90010 046 ***150.00

0269047 AV

DOCUMENT # 826025

1. Entity Name

AMBASSADOR SEAFOODS, INC.

Principal Place of Business

**520 NORTHWEST 165TH STREET ROAD
 MIAMI FL 33169**

Mailing Address

**520 NORTHWEST 165TH STREET ROAD
 MIAMI FL 33169**

80014255



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

DO NOT WRITE IN THIS SPACE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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

P

☐ Delete

**BATES, DONALD H., JR
 2552 AQUA VISTA BLVD
 FORT LAUDERDALE FL**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ Delete

**SUPERSTEIN, MERRICK A
 9028 BAY DRIVE
 SURFSIDE FL**

TITLE
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 CITY-ST-ZIP

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**LAMOUTTE, FELIX
 1002 WEST 41ST STREET
 HIALEAH FL**

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☐ Change ☐ Addition

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:

FELIX LAMOUTTE
COMPTROLLER

1/15/2002

(305) 940-9183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)