

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # A98000000271**1. Entity Name
AMBASSADORS OF MIAMI LTD.

Principal Place of Business

407 LINCOLN ROAD, SUITE 8-R

MIAMI BEACH
33139

FL

Mailing Address

407 LINCOLN ROAD, SUITE 8-R

MIAMI BEACH
33139

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0816188

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERRETTI ALESSANDRO
407 LINCOLN ROAD, SUITE 8-RMIAMI BEACH
33139

US

FL

7. Name and Address of New Registered Agent

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)

04/10/2001

DATE

9. Capital Contributions

as Shown on record. 1,500,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 0.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME SOFIDEV L.C.
STREET ADDRESS 407 LINCOLN ROAD, SUITE 8-R
CITY-ST-ZIP MIAMI BEACH FL 33139DOCUMENT #
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

maurizio cavalleir

mgmb

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)