

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000005954**

1. Entity Name

Ambrosi + Associates, Inc.

Principal Place of Business

Mailing Address

**1100 West Washington Blvd.
Chicago, IL 60607**

2. Principal Place of Business

3. Mailing Address

**450 West 33rd Street
11th Floor**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, NY

4. FEI Number

36-3762885

Applied For

Not Applicable

Zip

Country

Zip

Country

10001

USA

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

**CT Corporation System
1200 Pine Island Rd.
Plantation, FL 33324**

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 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 **D** ☐ Delete
NAME **Fred Drasner**
STREET ADDRESS **450 West 33rd St.**
CITY-ST-ZIP **NEW YORK, NY 10001**

TITLE ☐ Change ☐ Addition
NAME **600003260396--5**
STREET ADDRESS **-05/19/00--01121--022**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **D/EVP** ☐ Delete
NAME **Martin D. Krall**
STREET ADDRESS **450 West 33rd Street**
CITY-ST-ZIP **NEW YORK, NY 10001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/EVP** ☐ Delete
NAME **Louis Salomone, Jr.**
STREET ADDRESS **450 West 33rd Street**
CITY-ST-ZIP **NEW YORK, NY 10001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **Nicholas Ambrosi**
STREET ADDRESS **1100 West Washington Blvd.**
CITY-ST-ZIP **Chicago, IL 60607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **Ettore Nardulli**
STREET ADDRESS **6115 Official Rd.**
CITY-ST-ZIP **Chicago, IL 60014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **John Baumann**
STREET ADDRESS **6115 Official Rd.**
CITY-ST-ZIP **Crystal Lake, IL 60014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Martin D. Krall

4/28/00

Date

212-210-6314

Daytime Phone #

CR2E034 (9/99)