

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001397

1. Entity Name

AMBASSA HOLDINGS, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90040 043 ***150.00

Principal Place of Business

Mailing Address

5415 COLLINS AVENUE, SUITE 305
MIAMI BEACH FL 33140

5750 NORTH BAY ROAD
MIAMI BEACH FL 33140-2035

2. Principal Place of Business

5750 NORTH BAY ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State* MIAMI BEACH

City & State

4. FEI Number

65-0558798

Applied For

Not Applicable

Zip FL 33140

Country

US

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

DE BERDOUARE, CHRISTIAN
5750 NORTH BAY ROAD
MIAMI BEACH FL 33140

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 PCST
NAME DE BERDOUARE, CHRISTIAN
STREET ADDRESS 5750 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT & CEO

Date

1/25/2000

Daytime Phone #

866-6363

CHRISTIAN DE BERDOUARE

CR2E034 (9/99)