

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #K95669

K95669

1. Entity Name

AMBRAS INTERNATIONAL CORPORATION

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90007 011 ***150.00

Principal Place of Business

Mailing Address

33 CEDAR ROAD
HOLLYWOOD, FL 33021

P O BOX 350102
FT. LAUDERDALE, FL
33335-0102

00057630

2. Principal Place of Business

33 CEDAR ROAD
Suite, Apt. #, etc.

3. Mailing Address

P O BOX 350102
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD, FLORIDA

Zip

33021-2803

Country

USA

City & State

FT. LAUDERDALE, FLORIDA

Zip

33335-0102

Country

USA

4. FEI Number

65-0127316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

S.L. RICHARDS
33 CEDAR ROAD
HOLLYWOOD, FL 33021-2803

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)

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

NAME

STREET ADDRESS

CITY-ST-ZIP

CD ☐ Delete
S.L. RICHARDS
33 CEDAR ROAD 33021
HOLLYWOOD, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD ☐ Delete
FATIMA P. RICHARDS
33 CEDAR ROAD
HOLLYWOOD, FL 33021

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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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:

S.L. RICHARDS

05-01-2000

(954) 359-1696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)