

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

06-07-2000 90007 011 \*\*\*150.00

00057630

DO NOT WRITE IN THIS SPACE

**DOCUMENT #K95669** **K95669**

1. Entity Name  
**AMBRAS INTERNATIONAL CORPORATION**

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Principal Place of Business                      Mailing Address

**33 CEDAR ROAD**                      **P O BOX 350102**  
**HOLLYWOOD, FL 33021**              **FT. LAUDERDALE, FL**  
**33335-0102**

2. Principal Place of Business                      3. Mailing Address

**33 CEDAR ROAD**                      **P O BOX 350102**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

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City & State                      City & State

**HOLLYWOOD, FLORIDA**                      **FT. LAUDERDALE, FLORIDA**

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Zip                      Country                      Zip                      Country

**33021-2803**                      **USA**                      **33335-0102**                      **USA**

4. FEI Number                      Applied For

**65-0127316**                       Not Applicable

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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

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Street Address (P.O. Box Number is Not Acceptable)

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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>S.L. RICHARDS</b>	
STREET ADDRESS	<b>33 CEDAR ROAD</b>	<b>33021</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>FATIMA P. RICHARDS</b>	
STREET ADDRESS	<b>33 CEDAR ROAD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **S.L. RICHARDS**                      **05-01-2000**                      **(954) 359-1696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CRZE034 (9/99)