

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-07-2000 90007 011 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT #K95669 **K95669**

1. Entity Name
AMBRAS INTERNATIONAL CORPORATION

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.

City & State City & State

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

Zip Country Zip Country

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

4. FEI Number Applied For

65-0127316 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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