

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90046 019 ***158.75

DOCUMENT # L64442

1. Entity Name

THE AMBASSADORS MANAGEMENT COMPANY

Principal Place of Business

**801 BRICKELL BAY DRIVE
 SALES OFFICE
 MIAMI FL 33131
 US**

Mailing Address

**801 BRICKELL BAY DRIVE
 SALES OFFICE
 MIAMI FL 33131
 US**

2. Principal Place of Business

3. Mailing Address

801 Brickell Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 5

City & State

City & State

Miami, FL 33131

Zip

Country

Zip

Country

33131

4. FEI Number

65-0243255

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**US PROPERTIES INC
 825 BRICKELL BAY DRIVE
 SUITE 344
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Emilio Garcia Mena

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

801 Brickell Bay Drive, Box 5

City

Miami

FL

Zip Code

33131

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

4/24/02

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, 2002 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	D MENA, EMILIO GARCIA 801 BRICKELL BAY DRIVE, BOX 5 MIAMI FL 33131	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/24/02

Date

(305) 371-6500

Daytime Phone #

CR2E034 (9/01)