2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIF	ORM BU	SINESS REPO	RT	(UBR)		APPROVED AND			
DOCUMENT # L9900005826							FILED			
1. Entity Name KINGS AMBASSADOR, L.L.C.							00 APR 24 PM 3: 04			
							SECRETARY OF STATE			
Principal Place of Business Mailing Address						i]	TALLAHASSEE, FLORIO	A		
SUMMIT BLDG	G. STE 144		SUMMIT BLDG. STE 144	,			,			
13575 58TH STREET 13575 58TH STREET										
CLEARWATER FL 33760 CLEARWATER FL 33760-3740										
2. Principal Place of Business 3. Mailing Address							# 190310015 050 10510 10565 00511 00511 :	}	1 11 010 Bill 1001	
Suite, Apt. #, etc. Suite, Apt. #, etc.						$-\omega_{\nu}$	DO NOT WRITE IN THIS	SPACE	,	
City & State City & State						4. FEI N	Number 3598580	<u> </u>	pplied For ot Applicable	
Zip	Country 6. Name and Address of C		Zip Coun		try	5. Certi	ificate of Status Desired	\$5.00 Ad Fee Require		
·	6. Name a	and Address of Curre	ent Registered Agent			7. Nam	e and Address of New Registered	l Agent		
					Name					
	FIELDSTONE, RONALD R 200 SOUTH BISCAYNE BLVD STE 2100 MIAMI FL 33131 The above named entity submits this statement for the purpose of char GNATURE Signature, typed or printed name of registered agent and title if applicable				Street Addres	ss (P.O. Box N	Number is Not Acceptable)			
STE 2100										
MIAMI FL 33131					City FL Zip Code					
8. The above	named entity	submits this statemen	nt for the purpose of changing its	s registere	ed office or regis	stered agent,	or both, in the State of Florida.			
01011471105										
SIGNATURE _	Signature, typed o	r printed name of registered ag	gent and title if applicable (NO)	TE. Registered	d Agent signature requ	uired when reinstat	ting) DATE		-	
			1: * *		FEE IS \$50.0		300003245	5243	2	
			Make Check Pa	ayable to	o Departmen	t of State	-U3/U3/UU *****50.00	·U1U37~~ } *****	-022 <50.00	
9.		MANAGING ME	MBERS/MEMBERS	10.			ADDITIONS/CHANGE		<u></u>	
TITLE	u MGR		Delete TITLE				, , , , , , , , , , , , , , , , , , ,	Change	actition .	
NAME	LUBECK, JOSEPH G			MAM						
STREET ADDRESS City-8t-2ip	13575 58T CLEARWA				ET ADDRE88 · 81- ZIP					
TITLE	CLEARWA	IEN FL	Delete Fit					Change	Addition	
NAME :	i			NAM						
STREET ADDRESS	DRESS		8		ET ADDRESS					
CITY-ST-ZIP				CITY	8T-ZIP					
TITLE			L. Deleta	TITLE				Change	Addition	
NAME BTREET ADDRESS					ET ADDRESS					
CITY-87-ZIP				CITY	ST-ZIP					
TITLE			☐ Deleto	TITL				Change	Addition	
KAME				MAM	E Et address					
STREET ADDRESS City-St-Zip					- ST- ZIP					
TITLE			Delate	TITLE	:			Change	Addition	
VAME				NAMI	E					
STREET, ADDRESS				1	ET ADDRESS					
CITY-8T-ZIP				-	\$T-ZIP		and the same	Change	Addition	
IITLE Kame'!			☐ Delete	TITLE						
STREET ADDRESS					ET ADDRESS					
CITY-\$T-ZIP		:			ST-ZIP					
indicated	on this report	is true and accurate a	with this filing does not qualify for and that my signature shall have stee empowered to execute this	the same	legal effect as	if made unde	.07(3)(i), Florida Statutes. I further our cath; that I am a managing memborida Statutes.	ertity that the i per or manage	ntormation er of the	