

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00030352 AF

DOCUMENT # L99000006109

1. Entity Name  
AMBRE, L.C.

00 APR 17 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
C/O BAUR, WOODBRIDGE, REUS & KLING, P.A. C/O BAUR, WOODBRIDGE, REUS & KLING, P.A.  
100 N. BISCAYNE BLVD., 21ST FLOOR 100 N. BISCAYNE BLVD., 21ST FLOOR  
MIAMI FL 33132-2306 MIAMI FL 33132-2304



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DO NOT WRITE IN THIS SPACE  
MNJM  
4. FEI Number  Applied For  
Not Applicable

Zip Country Zip Country  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODBRIDGE, FREDERICK JR.  
C/O BAUR, WOODBRIDGE, REUS & KLING, P.A.  
100 N. BISCAYNE BLVD., 21ST FLOOR  
MIAMI FL 33132-2306

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS  Delete

10. ADDITIONS / CHANGES  Change  Addition

TITLE NAME  Delete  
MGRM LEROUX, CHRISTINE  
STREET ADDRESS 1310 95TH STREET  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

200003234782--3  
-05/02/00--01038--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
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CITY-ST-ZIP

TITLE NAME  Change  Addition  
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TITLE NAME  Change  Addition  
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TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)