

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005820

1. Entity Name

DOMINION AMBASSADORS INTERNATIONAL, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90006 043 ****61.25

Principal Place of Business

Mailing Address

11820 49TH STREET
ROYAL PALM BEACH FL 33411

2724 W. ATLANTIC BLVD
POMPANO BEACH FL 33063-2597
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 W. ATLANTIC BLVD.

3. Mailing Address

2700 W. ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#214

#214

City & State

City & State

POMPANO BCH., FL

POMPANO BCH., FL

Zip

Country

33069

USA

Zip

Country

33069

USA

4. FEI Number

65-0559791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HEPBURN, ELKANAH
2600 AVENUE "H" WEST
RIVERA BEACH FL 33404

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	TRIMM, N. CINDY	4516 NW 5TH CT	DELRAY BCH FL	<input type="checkbox"/>
S	JACKSON, MONICA	213 LAKEPOINTE DR #214	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
D	WATSON, BERNADETTE	5251 KIM COURT	WEST PALM BEACH FL	<input type="checkbox"/>
D	LEAKEY, DEBBIE	4516 NW 5TH CT	DELRAY BCH FL	<input type="checkbox"/>
D	CROCKWELL, CARLTON	35 BEACH HILL LANE	SOMERSET MA 33411	<input checked="" type="checkbox"/>
D	MARCELLE, LARRY	1327 NW 87TH TERRACE	CORAL SPRG FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PT	TRIMM, N. CINDY	2700 W. ATLANTIC BLVD #214	POMPANO BCH., FL. 33069.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	DUNCOMBE, WENDY	P.O. BOX 678	BUMIN, BAHAMAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LEAKEY, DEBBIE	5312 N.E. 6th AVE. #220	FT. LAUDERDALE, FL. 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HANNA, HARLINGTON DR.	2251 N. FEDERAL HIGHWAY	POMPANO BEACH, FL 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	COBBS, ERNEST	3362 N.W. 151 TERRACE	OPA LOCKA, FL 33054	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

(954)969-1877

Daytime Phone #

CR2E037 (9/99)