

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005820

1. Entity Name

DOMINION AMBASSADORS INTERNATIONAL, INC.

FILED

May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90073 012 \*\*\*\*61.25

Principal Place of Business

2700 W ATLANTIC BLVD  
# 214  
POMPANO BEACH FL 33069

Mailing Address

2700 W ATLANTIC BLVD  
# 214  
POMPANO BEACH FL 33069

2. Principal Place of Business

2701 W. Oakland Park

3. Mailing Address

P.O. Box 101240

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33311

Country

USA

Zip

33311

Country

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

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

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

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 PD ☐ Delete

NAME TRIMM, N. CINDY  
STREET ADDRESS 2700 W ATLANTIC BLVD # 214  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE SD ☐ Delete

NAME DUNCOMBE, WENDY  
STREET ADDRESS 2700 W ATLANTIC BLVD # 214  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ Delete

NAME WATSON, BERNADETTE  
STREET ADDRESS 5251 KIM COURT  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE DT ☐ Delete

NAME LEAKEY, DEBBIE  
STREET ADDRESS 5312 NE 6TH AVE # D20  
CITY-ST-ZIP FT LAUDERDALE FL 33445

TITLE D ☐ Delete

NAME HARLINGTON, HANNA DR  
STREET ADDRESS 2251 N FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE D ☐ Delete

NAME MARCELLE, LARRY  
STREET ADDRESS 1327 NW 87TH TERRACE  
CITY-ST-ZIP CORAL SPRINGS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition

NAME Trimm, Dr. N. Cindy  
STREET ADDRESS 2701 W. Oakland Park Blvd. #305  
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE SD ☒ Change ☐ Addition

NAME Duncombe, Wendy  
STREET ADDRESS 2701 W. Oakland Park Blvd. #305  
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE D ☐ Change ☒ Addition

NAME Cobbs, Ernest  
STREET ADDRESS 3362 NW 51st Terrace  
CITY-ST-ZIP Opa-Locka, FL 33054

TITLE DT ☒ Change ☐ Addition

NAME Leahey, Debbie  
STREET ADDRESS 5312 NE 6th Ave #D20  
CITY-ST-ZIP Ft. Lauderdale, FL 33445

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (9/01)

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 REQUIRED

Cindy Trimm April 18, 2002 (954)

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #