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954-316-6680

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 31, 2001 8:00 am Secretary of State DOCUMENT # N9700005366 07-31-2001 90011 007 ****70.00 CONQUERING AMBASSADOR, INC. Principal Place of Business Mailing Address 240 SW 29TH AVE 240 SW 29TH AVE CUNSTART FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0903531 Not Applicable · Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, ORTHNIEL M SR 240 SW 29TH AVE FT, LAUDERDALE FL 33312 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change SMITH, ROWENA Q. NAME NAME 240 S.W. 29TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP DT TITLE Delete TITLE Change □ Addition SMITH, LYDIA I. NAME NAME STREET ADDRESS 240 S.W. 29TH AVE STREET ADDRESS FT. LAUDERDALE FL 33312-CITY ST. ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change CHARLES, LUCILLE NAME NAME 4751 PETER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change MEWIN, GARY NAME NAME STREET ADDRESS 20615 N.W. 23 AVE STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33056 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.