

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005366

1. Entity Name

CONQUERING AMBASSADOR, INC.

Principal Place of Business

240 SW 29TH AVE  
FT. LAUDERDALE FL 33312

Mailing Address

240 SW 29TH AVE  
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903531

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ORTHNIEL M SR  
240 SW 29TH AVE  
FT LAUDERDALE FL 33312

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: ORTHNIEL M. SMITH

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7.27.02

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	SMITH, ROWENA Q.	<input type="checkbox"/> Delete
STREET ADDRESS	240 S.W. 29TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE NAME	DI SMITH, LYDIA I.	<input type="checkbox"/> Delete
STREET ADDRESS	240 S.W. 29TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE NAME	SD CHARLES, LUCILLE	<input type="checkbox"/> Delete
STREET ADDRESS	4751 PETER RD	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE NAME	D MEWIN, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	20815 N.W. 23 AVE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rowena Q. Smith

Date

Daytime Phone #

954-316-6680

FILED  
Jul 31, 2002 8:00 am  
Secretary of State

07-31-2002 90092 038 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)