

2002 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-05-2002 90019 039 ***150.00

DOCUMENT # P01000078193

1. Entity Name
AMBASSADOR ONE PRODUCE, INC.

Principal Place of Business
7310 HARDING AVE., #22
MIAMI BEACH FL 33141

Mailing Address
7310 HARDING AVE., #22
MIAMI BEACH FL 33141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
AMBASSADOR ONE
 Suite, Apt. #, etc. **#22**
7310 HARDING AVE
 City & State **MIAMI BEACH FL**
 Zip **33141** Country **U.S.A**

3. Mailing Address
7310 HARDING AVE #22
 Suite, Apt. #, etc. **FL MIAMI BEACH**
 City & State **FL**
 Zip **33141** Country **USA**

4. FEI Number **65-1129508** **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVANDA, SUNIL DAMMIKA
7310 HARDING AVE., #22
MIAMI BEACH FL 33141

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	LEVANDA, SUNIL DAMMIKA	7310 HARDING AVE., #22	
		MIAMI BEACH FL 33141		
	P			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUNIL DAMMIKA LEVANDA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/02
 Date Daytime Phone #