

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90420 048 \*\*\*150.00

DOCUMENT # P01000090811 ✓

1. Entry Name

AMBRIZ ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

**36580**

2. Principal Place of Business

1724 N.E. MIAMI GARDENS DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BEACH, FL

City & State

1

4. FEI Number

65-1141685

Applied For

Not Applicable

Zip

Country

33179

MIAMI-DADE

Zip

Country

33179

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

SANKOWSKI & ASSOCIATES

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

500 N.E. SPANISH RIVER BLVD #28A

City

BOCA RATON,

FL

Zip Code

33431

**DO NOT WRITE  
IN THIS SPACE**

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

5/1/02

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBRs \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ELSA AMBRIZ P  
AMBRIZ ENTERPRISES, INC  
1724 N.E. MIAMI GARDENS DR  
N. MIAMI BEACH, FL 33179

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELSA AMBRIZ

5/1/02

Date

305-944-9580

Daytime Phone #