

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90220 021 ***158.75

DOCUMENT # P02000002357

1. Entity Name
AMBASSADOR U.S.A., CORPORATION



Principal Place of Business
407 LINCOLN RD SUITE 11L
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN RD SUITE 11L
MIAMI BEACH FL 33139

2. Principal Place of Business
6471 MAIN STREET
Suite, Apt. #, etc.
STE 1-202

3. Mailing Address
6471 MAIN STREET
Suite, Apt. #, etc.
STE 1-202

City & State
MIAMI LAKES - FL

City & State
MIAMI LAKES - FL

Zip
33014 **Country**
U.S.

Zip
33014 **Country**
U.S.

4. FEI Number
01-0608919

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

CASSELLA, JUAN FERNANDO
407 LINCOLN RD SUITE 11L
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
CASSELLA, JUAN FERNANDO
Street Address (P.O. Box Number is Not Acceptable)
6954 SHARPECROFT CT.
City
MIAMI LAKES FL **Zip Code**
33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DPS	<input checked="" type="checkbox"/> Delete
NAME CASSELLA, JUAN FERNANDO	
STREET ADDRESS 407 LINCOLN RD SUITE 11L	
CITY-ST-ZIP MIAMI BEACH FL 33139	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASSELLA, JUAN FERNANDO	
STREET ADDRESS 6954 SHARPECROFT CT.	
CITY-ST-ZIP MIAMI LAKES - FL 33014	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 607, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-2003 (305) 621 0018

Date

Daytime Phone #

CR2E034 (10/02)