FILED \$\frac{2}{8}\$ Apr 11, 2003 8:00 am \$\frac{2}{8}\$

2003	FOR	PROFIT	CORPORA 1	rion
UNIFO	RM B	USINESS	REPORT	(UBR)

DOCU 1. Entity Nam AMBIENT		P02000	0043168					Secretary 04-11-2003 9008			
Principal Place 2216 NE 11TH MIAMI FL 3300	STREET		Mailing Address 2216 NE 11TH STREET MIAMI FL 33009) (1881) 1881 (1881) 1881) 1881) 1881) 1881) 1881) 1881) 1881)	fi 33 00 31311 1131		(10) (10) (10)
2. Principal P	Place of Business		3. Mailing Address								
163	6 ARTHUR	ST	1636 ARTH	ج _عاد	ST						
Suite, Apt.	#, etc. 1/7 WOOD e 33		Suite, Apt. #, etc.	OD				☐ CHECK HERE IF M	IAKING CHAN	IGES	
City & Stat	33	020	Suite, Apt. #, etc. Hollywich City & State	33	020		4. FE	El Number 4-3655739		-	plied For Applicable
Zip	Cou	Itry ISA	Zip	Coun	ury US1	7		ertificate of Status Desired	\$8.75 Fee Re	Add	itional
-	6. Name and A	idress of Current Re	egistered Agent		Name		97.∹Na	ame and Address of New Regis	tered Agent		
ROZADOS	, RUBEN HORAC	0				Idense (D		y Alumbaria Nat Agooglabia			
	11TH STREET				163	36 A	(P.O. Box Number is Not Acceptable) ARTHUIZ <デー				
MIAMI FL	33009				Holly City	NOO	<u> </u>	FL	330		
				_	City /				FL Zip	Code	
	named entity submitions of registered ac		the purpose of changing	its registere	ed office or	registere	age	nt, or both, in the State of Florida	. I am familiar	with, a	and accept
SIGNATURE .	RUBEN HOR	ACIO LOZAD	d title if applicable. (No	OTE: Registered	UN (ra required v	when rein	onstating)	14/08/03	<u> </u>	
Afte	ILE NOW!!! FEE r May 1, 2003 Fee c Payable to Floric	- •	State			<u> </u>		Election Campaign Financ Trust Fund Contribution.	· – ·		May Be to Fees
t0.	· · ·	OFFICERS AND D		11.			ADD	DITIONS/CHANGES TO OFFICER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZADOS, RUBE 2216 NE 11TH S MIAMI FL 33009		☐ Delete		ſ	1636 H011	i AZ YWO	THUR 57.	∑ Ch	ange	Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO DE ROZ/ 2216 NE 11TH S MIAMI FL 33009	ADOS, GRACIELA '	☐ Delete V			,, ,		RTHUR ST.	X Ch	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D MEZZARAPA, FE 2216 NE 11TH S MIAMI FL 33009		Delete		,		/-2 -		☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<u>.</u> ,	☐ Delete						☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	i i				□ Ch	ange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete						□ Cha	ange	Addition
indicated of the cor	on this report or sup poration or the recei	plemental report is tr	ue and accurate and that	t my signat	ure shall ha ed by Char	ive the sa oter 607	ame le Florida	19.07(3)(i), Florida Statutes. I furt gal effect as if made under oath; a Statutes; and that my name ap	that Lam an o	fficer r	or director

MAN SECTION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)