2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90234 022 ***150.00

DOCUMENT # P02000101714

1. Entity Name

AMBAR CLOTHING, INC.

DO NOT WRITE IN THIS SPACE

11016679

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2853 SW 36th Avenue Suite, Apt. #, etc.	2853 SW 36th Avenue Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33133 Country: MIAMI DADE	Zip: 33133 Country: MIAMI DADE

4. FEI Number: 11-3654924 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Noel Hevia

Street Address (P.O. Box Number is Not Acceptable): 10101 W. Okeechobee Rd. #12101

City: Hialeah **FL** Zip Code: 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: GOMEZ, OTTO M. STREET ADDRESS: 2853 SW 36th Avenue CITY-ST-ZIP: Miami, FL 33133	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: ORTIZ DE GOMEZ, PREBISTERIA STREET ADDRESS: 2853 SW 36th Avenue CITY-ST-ZIP: Miami, FL 33133	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S NAME: GOMEZ, EDWARD V. STREET ADDRESS: 2853 SW 36th Avenue CITY-ST-ZIP: Miami, FL 33133	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
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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 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTTO M. GOMEZ 4 / 16 / 2003 (786)443-2151
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING (BLOCK 10 OR 11 DIRECTION) Date