

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90043 017 ***150.00

DOCUMENT # *P02000104104*
1. Entity Name
Ambrosia Investments, Inc.



DO NOT WRITE IN THIS SPACE

20022719

2. Principal Place of Business
11900 Biscayne Blvd
Suite, Apt. #, etc.
Suite 290
City & State
North Miami, FL
Zip
33181 Country
USA

3. Mailing Address
11900 Biscayne Blvd
Suite, Apt. #, etc.
Suite 290
City & State
North Miami, FL
Zip
33181 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3654237

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
EDDY B. Grosse
Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd.
Suite 290
City
North Miami FL Zip Code
33181

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$450.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Eddy B. Grosse</i> <i>11900 Biscayne Blvd. #290</i> <i>North Miami, FL 33181</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SIT</i> <i>Deborah A. MARTINO</i> <i>11900 Biscayne Blvd. #290</i> <i>North Miami, FL 33181</i>
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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDY B. Grosse

President

1/31/03 954-424-4455

Date

Daytime Phone #

CR2E034B (12/02)