

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068436

1. Entity Name

AMBAMAR, CORP.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90085 005 \*\*\*150.00

Principal Place of Business

7952 W 29TH WAY  
APT 101  
HIALEAH FL 33012

Mailing Address

7952 W 29TH WAY  
APT 101  
HIALEAH FL 33018-7266

2. Principal Place of Business

9915 W. OKEECHOBEE RD.

3. Mailing Address

9915 W. OKEECHOBEE RD

Suite, Apt. #, etc.

S-501

Suite, Apt. #, etc.

S-501

City & State

HIALEAH GARDENS, FL.

City & State

HIALEAH GARDENS, FL.

Zip

33016

Country

Zip

33016

Country

4. FEI Number

58-2254344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENCOSME, MAURILIO  
7952 W 29TH WAY 101  
HIALEAH FL 33012

Name

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

9915 W. OKEECHOBEE RD.

NO. S-501

City  
HIALEAH GARDENS

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.

SIGNATURE

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

MAURILIO BENCOSME, PRESIDENT

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME BENCOSME, MAURILIO  
STREET ADDRESS 4012 W. 9TH CT.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE  
NAME  
STREET ADDRESS 9915 W. OKEECHOBEE RD  
CITY-ST-ZIP HIALEAH GARDENS, FL. 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: +

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURILIO BENCOSME 03/27/2000 (305) 364-1737

Date

Daytime Phone #