

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087016

1. Entity Name

AMBIENT ENVIRONMENTAL, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90066 008 ***150.00

Principal Place of Business

Mailing Address

9601 FOUNTAINEBLEAU BOULEVARD
APARTMENT 603
MIAMI FL

159 W 25TH ST
8TH FLOOR
NEW YORK NY 10001-7203
US

2. Principal Place of Business

3. Mailing Address

55 W 39th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12th FL

City & State

City & State

4. FEI Number

65-0788771

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

CHAMORRO, ARMANDO
9601 FOUNTAINEBLEAU BOULEVARD
APARTMENT 603
MIAMI FL

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

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 ☐ Delete
NAME D
STREET ADDRESS CHAMORRO, ARMANDO
CITY-ST-ZIP 9601 FOUNTAINEBLEAU BOULEVARD, #603
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS LEITNER, JOHN
CITY-ST-ZIP 750 RUSHMORE AVE
MAMARONECK NY 10543

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS ESPOSITO, WILLIAM
CITY-ST-ZIP 77 5TH AVE
NEW YORK NY 10011

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

3/13/00

Date

Daytime Phone #

CR2F034 (9/99)