

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000089486**

1. Entity Name

**AMB FINANCIAL CORPORATION**

**FILED**

**01 OCT -2 PM 1:27**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**7575 WEST FLAGLER STREET  
SUITE 100  
MIAMI FL 33144**

Mailing Address

**7575 WEST FLAGLER STREET  
SUITE 100  
MIAMI FL 33144**

2. Principal Place of Business

**5250 SW 8 STREET**

3. Mailing Address

**P.O. Box 141660**

Suite, Apt. #, etc.

**SUITE 250**

Suite, Apt. #, etc.

**CORAL BLUES**

City & State

**MIAMI FL**

City & State

**FL**

**REINSTATEMENT 2001**

4. FEI Number

**65-0791534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AQUDO, PEDRO  
7575 W FLAGLER ST  
MIAMI FL 33144**

7. Name and Address of New Registered Agent

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE **P** ☐ Delete  
NAME **AGUDO, PEDRO**  
STREET ADDRESS **7575 WEST FLAGLER STREET**  
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10000484 \$981--7  
-10/18/01--01065--009  
\*\*\*3000.00 \*\*\*\*750.00**

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

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

TITLE ☐ Change ☐ Addition  
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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

**PEDRO AGUDO**

**9/27/01 305-443-7929**

Date

Daytime Phone #

CR2E034 (5/01)