

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008451

1. Entity Name
AMBEY, INC.

Principal Place of Business
12236 S. APOPKA VINELAND RD
ORLANDO FL 32836

Mailing Address
2408 SAPIER CT.
ORLANDO FL 32837

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

KALSI, SUNIL
5537 BAYSIDE DRIVE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name SUNIL KALSI

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

2408 SAPIER CT

City ORLANDO

FL Zip Code 32837

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

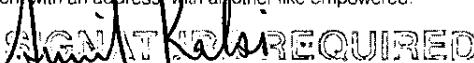
10. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALSI, SUNIL 2408 SAPIER CT ORLANDO FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90087 044 ***150.00



DO NOT WRITE IN THIS SPACE

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AV

CR2E034 (9/01)

x Jan 26-2002

Date

Daytime Phone #