## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)



FILED Jan 13, 2003 8:00 am Secretary of State

AMBE HOTELS & INVESTMENTS, INC.						01-13-2003 90674 040 ***150.00				
Principal Place of Business 8820 S.O.B.T ORLANDO FL 32809		8820 S	Mailing Address 8820 S.O.B.T ORLANDO FL 32809							
2. Principal	Place of Business	3. Mailir	3. Mailing Address							
Suite, Apt	Anse		Suite, Ap. #! etc. City & State			☐ CHECK HERE IF MAKING CHANGES				
Zip	Country		State			4. FEi Number 59-357	2615	<b>⊢</b> +	Applied For lot Applicable	
		Zip		Country		5. Certificate of Status De		\$8.75 Ac Fee Require	dditional ed	
	6. Name and Address of Currer	t Registered	Agent	Nam	e	7. Name and Address of	New Registered	Agent	<u> </u>	
SINGH, JAGDISH 8820 S. ORANGE BLOSSOM TR.					Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32809										
				City	<del>.</del>	-		7in Coa		
The above named entity submits this statement for the purpose of changing its registered agent					or registere	ed agent or both in the State	FL of Florida Lam	Zip Coo		
the obligat	ions of registered agent.		1	3	o rogiotoro	o agone, or bone, in the otale	, or Fronda, Talli	ranımar wi(n,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					,	9. Election Campa Trust Fund Cont			00 May Be	
10.	OFFICERS AND	DIRECTORS	<del></del>	11.		ADDITIONS/CHANGES TO	O OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SINGH, JAGDISH 8820 S ORANGE BLOSSOM TRA	AIL (ANDC	□ Delete	TITLE  NAME  STREET ADDRES  25TY-ST-ZIP	s			☐ Change	☐ Addition	
TITLF NAME STREET ADDRESS CITY-ST-ZIP		,	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	5			☐ Change	Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		- 1 · · · · ·	Change	Addition	
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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 another 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 peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

REGINE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR