2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P99000104312 1. Entity Name AMBIANCE DESIGN, INC. 04-18-2000 90162 036 ***150.00 Mailing Address Principal Place of Business 103 WESTWARD DRIVE 103 WESTWARD DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 ប្រប្រក្រុក 2. Principal Place of Business 3. Mailing Address 01 S. ROVAC DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 66033 Applied For 4. FEI Number City & State princs Fl. Not Applicable Wiami \$8.75 Additional 5. Certificate of Status Desired Fee Required 3166 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDOVAL, CARMEN Street Address (P.O. Box Number is Not Acceptable) 103 WESTWARD DRIVE MIAMI SPRINGS FL 33166 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE NAME SANDOVAL, CARMEN NAME STREET ADDRESS STREET ADDRESS 103 WESTWARD DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information suppl 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if lighter like empowered.

SIGNATURE: SIGNATURE AND TY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental rel of the corporation or the receiver or trustee changed, or on an attachment wit