

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90099 004 \*\*\*150.00

**DOCUMENT # S71708**

1. Entity Name

**AMBASSADOR, INC.**

Principal Place of Business

**628 DODECANESE  
 TARPON SPRINGS FL 34689  
 US**

Mailing Address

**628 DODECANESE  
 TARPON SPRINGS FL 34689  
 US**

2. Principal Place of Business

**628 Dodecanese**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TARPON SPRINGS,**

City & State

Zip

**# 34689**

Country

**USA**

Country

4. FEI Number **59-3071774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



**SALIVARES, RENEE  
 628 DODECANESE BLVD  
 TARPON SPRINGS FL 34689**

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

*R. Salivares*

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, 2001 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

TITLE **D** ☒ Delete  
 NAME ~~KARRIS, SOPHIE~~  
 STREET ADDRESS ~~308 BATH STREET~~  
 CITY-ST-ZIP ~~TARPON SPRGS FL~~

TITLE **ANDREAS SALIVARES** ☐ Delete  
 NAME **ANDREAS SALIVARES**  
 STREET ADDRESS **628 DODECANESE BLVD.**  
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **RENEE SALIVARES** ☐ Delete  
 NAME **RENEE SALIVARES**  
 STREET ADDRESS **SAME AS ABOVE**  
 CITY-ST-ZIP **SAME AS ABOVE**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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:

*Renee Salivares*

**RENEE SALIVARES**

**727-934-4306**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)