## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 21, 2000 8:00 am DOCUMENT # **P98000079089** Secretary of State 1. Entity Name CONDOR PROPERTIES OF MIAMI, INC. 03-21-2000 90153 003 \*\*\*400.00 Principal Place of Business Mailing Address 6929 N.W. 467H STREET 6929 N.W. 46TH STREET MIAMI FL/33166 MIAMI FL 33166-5603 2. Principal Place of Business 3. Mailing Address 11ST 2120 11 ST 12120 $\omega$ Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0898306 FL PLANTATION PLANTATION Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US# USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASHOFSKY, MARTIN E Street Address (P.O. Box Number is Not Acceptable) 6929 N.W. 46TH STREET MIAMI 51 33166 12120 $\omega$ ST 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DIVP TITLE ☐ Addition TITLE ☐ Delete WASHOFSKY, MARTIN E NAME NAME NW ST 6929 N.W. 46TH STREET 12120 *i* 1 STREET ADDRESS STREET ADDRESS MIAMI EL 33166 -CITY-ST-ZIP CITY-ST-ZIP PLANTATION 33323 ☐ Delete TITLE DIP ☐ Change Addition TITLE ANGENE NAME NAME NED 11 ST STREET ADDRESS STREET ADDRESS NW 12120 CITY-ST-ZIP CITY-ST-ZIP 33323 PLANTATION ☐ Change ☐ Addition TITLE .- 🖸 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

DP/0/ 7/2/ /0/00