

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90326 039 ***158.75

DOCUMENT # 688252

1. Entity Name
POLAR CONDOR, INC.



Principal Place of Business
18495 S DIXIE HWY PMB 102
MIAMI FL 33157
US

Mailing Address
108 MOSLEY DRIVE
LYNN HAVEN FL 32444
US



2. Principal Place of Business
1849 Dewey St., # 4

3. Mailing Address

Suite, Apt. #, etc.
4

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State

Zip
33020

Country
Broward

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2031879**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN FL 32444

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. I am familiar with, and accept the obligations of registered agent.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **LENHERR-TOEDTLI, ELKE**
STREET ADDRESS **P.O. BOX 12, ESCHNER STRASSE 93**
CITY-ST-ZIP **BENDERN, LIECHTENSTEIN FL-94-7**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Lenherr-Toedtli, Elke**
STREET ADDRESS **P.O. Box 12, Eschner Strasse 93**
CITY-ST-ZIP **Bendern, Liechtenstein FL-9487**

TITLE **V** ☐ Delete
NAME **ZINDEL, NORA M.**
STREET ADDRESS **P.O. BOX 12, ESCHNER STRASSE 93**
CITY-ST-ZIP **BENDERN, LIECHTENSTEIN FL-94-7**

TITLE **V** ☒ Change ☐ Addition
NAME **Zindel, Nora M.**
STREET ADDRESS **P.O. Box 12, Eschner Strasse 93**
CITY-ST-ZIP **Bendern, Liechtenstein FL-9487**

TITLE **AS** ☐ Delete
NAME **HUGHEY, BONNIE J.**
STREET ADDRESS **18495 S DIXIE HWY B102**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☒ Change ☐ Addition
NAME **Hughes, Bonnie J.**
STREET ADDRESS **1849 Dewey St., Apt. # 4**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bonnie J. Hughes* **1/23/03** **(954) 894-3665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (10/02)