

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27403**

1. Entity Name
200 N.E. 3RD AVENUE BANK LTD.

FILED
00 APR 11 PM 1:18
4/4/20

Principal Place of Business
% GERALD W. GRITTER
100 NORTHEAST THIRD AVENUE, SUITE 1100
FT. LAUDERDALE FL 33301

Mailing Address
% GERALD W. GRITTER
100 NORTHEAST THIRD AVENUE, SUITE 1100
FT. LAUDERDALE FL 33301-1165

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-2590771	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$1,636,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G22540	STREET ADDRESS	
NAME	CONDOR MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	16 NE 4TH ST		
CITY - ST - ZIP	FT. LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	300003219733--4
NAME		CITY - ST - ZIP	-04/24/00--01030--010
STREET ADDRESS			***535.00 ***535.00
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Robert Kreyen 2-15-00 (954) 779-7100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)