

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** F95000003202

**1. Entity Name**

CORDIER ESTATES, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
SERVICE ROAD, SOUTH SIDE

Suite, Apt. #, etc.  
10 MILES WEST OF

City & State  
FORT STOCKTON, TEXAS

Zip  
79735

Country

**3. Mailing Address**  
P.O. BOX 697

Suite, Apt. #, etc.

City & State  
FORT STOCKTON, TEXAS

Zip  
79735

Country

**4. FEI Number**  
742457259

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
MARK HALPREN

Street Address (P.O. Box Number is Not Acceptable)  
290 NW 165TH STREET

SUITE. PHI

City  
MIAMI

FL

Zip Code  
33169

**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)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GARCIA, LEONARD G.  
10508 LOCKERBIE DRIVE  
AUSTIN, TX 78750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Leonard G. Garcia **LEONARD G. GARCIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-02

Date

800-788-0212

Daytime Phone #

FILED

02 MAY 23 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*1050.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)