

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006036

1. Entity Name

IBERCONDOR, S.A.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90011 015 ***150.00

Principal Place of Business % VICTORIA MARABOTTO 999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134	Mailing Address % VICTORIA MARABOTTO 999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134-3047
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2. Principal Place of Business IBERCONDOR, S.A. MIAMI AGENCY	3. Mailing Address 6991 N.W. 51st STREET
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Suite, Apt. #, etc. 6991 N.W. 51st STREET	Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
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Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.
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4. FEI Number 98-0179288	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONCEPCION, CARLOS F
999 PONCE DE LEON
#1015
CORAL GABLES FL 33134

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. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV EL REZ, WAEI C/ JOSELITO NO 18 MADRID, SPAIN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LOPEZ MATRAN, ANTONIO C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE MADRID, SPAIN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, ANTONIO C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE MADRID, SPAIN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARQUEZ GOMIA, JUAN FRANCISCO C/PLAYA DE ASTILLEROS NO 16 SPAIN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, JAVIER AVENIDA SAN LUIS 166 3EROC, 28033 MADRID, SPAIN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LOPEZ, OSCAR 9375 FOUNTAINBLEAU BLVD, SUITE 212 MIAMI FL 33172 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/00

Date

305-436-60-99

Daytime Phone #

CR2E034 (9/99)