

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90122 040 \*\*\*150.00

**DOCUMENT # F97000006036**

Entity Name  
**BERCONDOR, S.A.**

Principal Place of Business  
**BERCONDOR S.A. MIAMI AGENCY**  
**991 N.W. 51 STREET**  
**MIAMI FL 33166**

Mailing Address  
**BERCONDOR S.A. MIAMI AGENCY**  
**6991 N.W. 51 STREET**  
**MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number <b>98-0179288</b>		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			
<b>CONCEPCION, CARLOS F</b> <b>999 PONCE DE LEON</b> <b>#1015</b> <b>CORAL GABLES FL 33134</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL REZ, WAEI	NAME	
STREET ADDRESS	C/ JOSELITO NO 18	STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ MATRAN, ANTONIO	NAME	
STREET ADDRESS	C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE	STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, ANTONIO	NAME	
STREET ADDRESS	C/ VALLE DE TENA NO 12 BOADILLA DEL MONTE	STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ GOITIA, JUAN FRANCISCO	NAME	
STREET ADDRESS	C/PLAYA DE ASTILLEROS NO 16	STREET ADDRESS	
CITY-ST-ZIP	SPAIN	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JAVIER	NAME	
STREET ADDRESS	AVENIDA SAN LUIS 166 3EROC, 28083	STREET ADDRESS	
CITY-ST-ZIP	MADRID, SPAIN	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, OSCAR	NAME	
STREET ADDRESS	9878 COSTA DEL SOL BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	

3. 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 REQUIRED** **01/17/2002** **305-436-6099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)