

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006104

Entity Name
CONDADO MOTORS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90174 041 ***158.75

Principal Place of Business
BOX 38020 AIRPORT STATION
PR 00937

Mailing Address
PO BOX 38020 AIRPORT STATION
CAROLINA PR 00937-1020

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0392936
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
OVIEDO, CARMEN
7617 BOREAS DR
ORLANDO FL 32822

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------|--|---|--|
| P | ARCE, LUIS E. VEGA CARR #26 K 10 H 01 MARGINAL LOS ANGELES CAROLINPR 00979 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| V | VEGA, LUIS JR CALLE MONCLOA SC 4 URB LA MANSION LEVITTOWN PR 00949 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| S | VEGA, MERCEDES J AVE. ASHFORD 1051 CONDADO PR 00907 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| T | VEGA, IVONNE MALAGA PARK #7C JUAN MARTINEZ 14 GUAYNABO PR 00971 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP |

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 furnished 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/99)