

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90079 008 \*\*\*158.75

**DOCUMENT # K32035**

1. Entity Name  
**CONDOR OVERSEAS, INC.**

Principal Place of Business

10975 NW 29ST  
 MIAMI FL 33172  
 US

Mailing Address

P.O. BOX 527405  
 MIAMI FL 33152  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0070608**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORIZONDO, CARLOS I.**  
**8820 S.W 58TH ST.**  
**MIAMI FL 33173**

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, 2002 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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ORIZONDO, CARLOS I.**  
 CITY-ST-ZIP **8820 S.W. 57TH ST. MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **SECRETARY**  
 STREET ADDRESS **ORIZONDO, CARLOS I.**  
 CITY-ST-ZIP **8820 S.W 57TH ST. MIAMI, FLA 33173**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **GARCIA, CONCEPCION**  
 CITY-ST-ZIP **1338 W. 80TH ST. HIALEAH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **S**  
 STREET ADDRESS **ARTURO DE LA O**  
 CITY-ST-ZIP **9425 SW. 18TH TERR. MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **MARTINEZ, LAYDA**  
 CITY-ST-ZIP **9972 S.W. 2ND TERR MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **ORIZONDO, MAGDA**  
 CITY-ST-ZIP **8820 S.W. 57TH ST. MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **CARLOS I. ORIZONDO** **1/20/02 (305) 591-1115**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)