

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82640

1. Entity Name

CONDOR POWER BOAT MANUFACTURER, INC.

Principal Place of Business

8493 NW 54 ST.  
MIAMI FL 33166

Mailing Address

8493 NW 54 ST.  
MIAMI FL 33166

2. Principal Place of Business

8150 NW 90 ST

3. Mailing Address

8150 NW 90<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

33166

Country

Zip

33166

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0106875

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

ANZARDO, SUSANA  
8493 N.W. 54 STREET  
MIAMI FL 33166

Name Anzardo, Susana  
Street Address (P.O. Box Number is Not Acceptable)

8150 NW 90<sup>th</sup> ST  
City Medley FL Zip Code 33166

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.

Susana Anzardo  
SIGNATURE *Susana Anzardo*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4401

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, 2001 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 PST  
NAME ANZARDO, SUSANA  
STREET ADDRESS 8493 N.W. 54TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ANzardo, susana ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8150 NW 90 ST  
CITY-ST-ZIP medley FL 33166

TITLE VP  
NAME ANZARDO, FILIBERTO  
STREET ADDRESS 8493 N.W. 54TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE Anzardo, Filiberto ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8150 NW 90 ST  
CITY-ST-ZIP medley FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)