

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002144

1. Entity Name

CONCHORD CAYO HUESO, INC.

Principal Place of Business

Mailing Address

3920 SOUTH ROOSEVELT BLVD.
SOUTH ~~204~~ 213
KEY WEST FL 33040

3920 SOUTH ROOSEVELT BLVD.
SOUTH ~~204~~ 213
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

South 213

Suite, Apt. #, etc.

South 213

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

YOUNG, JOHN J
3920 SOUTH ROOSEVELT BLVD.
SOUTH ~~204~~ 213
KEY WEST FL 33040

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME YOUNG, JOHN J
STREET ADDRESS 3920 SOUTH ROOSEVELT BLVD. SUITE ~~204~~ 213
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ Change ☐ Addition
NAME SUITE 213
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KRUER, WAYNE
STREET ADDRESS 3920 SOUTH ROOSEVELT BLVD. SUITE ~~204~~ 213
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ Change ☐ Addition
NAME SUITE 213
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STUPEK, WARREN
STREET ADDRESS 3920 SOUTH ROOSEVELT BLVD. SUITE ~~204~~ 213
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ Change ☐ Addition
NAME SUITE 213
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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

305 374 0205
01 September 2001

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