

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100832

1. Entity Name

CONDOR INTERNATIONAL, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90346 009 ***150.00

Principal Place of Business

~~Bankrashos 3, 1183 NP~~
~~Arnhem Iveen, The Netherlands~~

Mailing Address

200 E ROBINSON ST. STE 500
ORLANDO FL 32801

00040192

2. Principal Place of Business

Bronsweg 7, 8211 AL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lely stad

City & State

Zip

Country

Netherlands

Zip

Country

4. FEI Number

59-3700586

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

FLORIDA CORPORATE SUPPORT, INC.
200 E ROBINSON ST, STE 500
ORLANDO FL 32801

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

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	D	<input type="checkbox"/> Delete
NAME	DEVERIA, MICHAEL JAMES	
STREET ADDRESS	GROEN VAN PRINSTERERLAAN 101, 9402KC	
CITY-ST-ZIP	ASSEN, THE NETHERLANDS	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIN-KONCELIK, SUSAN	
STREET ADDRESS	KENNERMERLAND 177, 9405 LH	
CITY-ST-ZIP	ASSEN, THE NETHERLANDS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

MICHAEL JAMES DEVERIA MARCH 2, 2001 +31 512341124

CR2E034 (10/00)