CORRECTED (as to FEI No. only)

5/9/2002-90082-019-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

02 JUN 17 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017669

1. Entity Name
Conde Construction, Inc.

DO NOT WRITE IN THIS SPACE

B0093332

2. Principal Place of Business: 1500 Presidential Way
Suite, Apt. #, etc.: Suite 602
City & State: West Palm Beach, FL
Zip: 33401 Country: USA

3. Mailing Address: 1500 Presidential Way
Suite, Apt. #, etc.: Suite 602
City & State: West Palm Beach, FL
Zip: 33401 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: ~~None~~ 75-3066155 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Anatole Conde
Street Address (P.O. Box Number is Not Acceptable): 1500 Presidential Way, #602
City: West Palm Beach FL Zip Code: 33401

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	~~P.S.~~ (P, S, D)	TITLE	
NAME	Anatole Conde	NAME	
STREET ADDRESS	1500 Presidential Way, #602	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anatole Conde 4/30/02 561-236-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Anatole Conde Date 6/17/02 Daytime Phone # 561-236-2910