

5/22

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90161 013 \*\*\*150.00

**DOCUMENT # P01000089857****1. Entity Name**  
**CONDOR DEVELOPMENT, INC.****Principal Place of Business**  
**1221 BRICKELL AVE STE 1590**  
**MIAMI FL 33131****Mailing Address**  
**1221 BRICKELL AVE STE 1590**  
**MIAMI FL 33131**

96461



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**

82-0550573

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****CORPDIRECT AGENTS**  
**103 N MERIDIAN ST LL**  
**TALLAHASSEE FL 32301**

Name

**IDA OVIES**

Street Address (P.O. Box Number is Not Acceptable)

**2307 S. DOUGLAS RD. SUITE 400**

City

**MIAMI****FL**

Zip Code

**33145****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***X Ida C. Ovies*

1/15/02

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, 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  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DIRECTOR**  
**KREUTZBERGER, PATRICIO**  
**1221 BRICKELL AVE. SUITE 1590**  
**MIAMI, FL 33131**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DIRECTOR**  
**ISABEL E CALAMA**  
**1221 BRICKELL AVE #1590**  
**MIAMI, FL 33131**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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 an other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)