

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 020 ***158.75

DOCUMENT # P01000116199

1. Entity Name

CONDOR CARIBBEAN CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8820 S.W. 57 ST.

Suite, Apt. #, etc.

Mailing Address

8820 S.W. 57 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

22-3850870

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carlos I. Orizondo

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

8820 S.W. 57 ST.

City

MIAMI

FL

Zip Code

33173

**DO NOT WRITE
IN THIS SPACE**

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 PRESIDENT
NAME ORIZONDO, CARLOS I.
STREET ADDRESS 8820 S.W. 57 ST.
CITY-STATE-ZIP MIAMI, FLA 33173

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SECRETARY
NAME ORIZONDO, MAGDA
STREET ADDRESS 8820 S.W. 57 ST.
CITY-STATE-ZIP MIAMI, FLA 33173

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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:

Orizondo CARLOS I. ORIZONDO

Date

Daytime Phone #

4/3/02 (305) 591-1115

CR2E034B (12/01)