

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000030095**

1. Entity Name

CONDOR ACQUISITION CORP.**FILED****Jan 19, 2001 8:00 am**
Secretary of State

01-19-2001 90004 043 ***150.00

0303079

Principal Place of Business Mailing Address
998 S FEDERAL HWY 998 S FEDERAL HWY
STE 202 STE 202
BOCA RATON FL 33432 BOCA RATON FL 33432
US US

004408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8 Palm Court 8 Palm Court
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sewalls Point, FL Sewalls Point, FL
Zip Zip Country Country
34996 34996

4. FEI Number 65-0402988 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SUBIN, NEIL S
980 N. FEDERAL HWY.
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name Subin, Neils
Street Address (P.O. Box Number is Not Acceptable) 8 Palm Court
City 8 Sewalls Point, FL Zip Code FL 34996

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

(NOTE: Registered Agent signature required when reinstating)

1/8/01
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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P SUBIN, NEIL	980 N. FEDERAL HWY.	BOCA RATON FL 33431	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (10/00)

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

1/8/01
Date562230808
Daytime Phone #