

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90079 009 ***158.75

DOCUMENT # P93000048003

1. Entity Name
CONDOR SEAWAY, INC.

Principal Place of Business

10975 NW 29 ST
MIAMI FL 33172
US

Mailing Address

PO BOX 527405
MIAMI FL 33152
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0439860**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ORIZONDO, CARLOS I
8820 SW 57TH ST.
MIAMI FL 33173

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ORIZONDO, CARLOS I | |
| STREET ADDRESS | 8820 S.W. 57TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | DE LA O, ARTURO | |
| STREET ADDRESS | 8820 S.W. 57TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ORIZONDO, CARLOS I | |
| STREET ADDRESS | 8820 S.W. 57TH ST. | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ORIZONDO, MAGDA | |
| STREET ADDRESS | 8820 SW 57ST | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GARCIN, CONCEPCION | |
| STREET ADDRESS | 7823 NW 164 ST | |
| CITY-ST-ZIP | HIALEAH FL 33016 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLOS I. ORIZONDO | |
| STREET ADDRESS | 8820 SW 57 ST. | |
| CITY-ST-ZIP | MIAMI, FLA 33173 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 #

CR2E034 (9/01)