

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90350 041 ***150.00

DOCUMENT # P94000086630

1. Entity Name

CONDOR CARGO ENTERPRISES, INC.

Principal Place of Business

1184 EPSON OAKS WAY
ORLANDO FL 32837
US

Mailing Address

1184 EPSON OAKS WAY
ORLANDO FL 32837
US

815110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1184 EPSON OAKS WAY

3. Mailing Address

1184 EPSON OAKS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3292279

Applied For

Not Applicable

Zip

32837

Country

Zip

32837

Country

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

6. Name and Address of Current Registered Agent

MURCIA, HELIODORO
1184 EDSON OAKS WAY
ORLANDO FL 32827

7. Name and Address of New Registered Agent

Name

MURCIA HELIODORO

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

1184 EPSON OAKS WAY

City

ORLANDO

FL

Zip Code

32837

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

HELIODORO H MURCIA VP

02-21-01

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, 2001 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

TITLE **P** ☐ Delete
NAME **MURCIA, CONSUELA**
STREET ADDRESS **5850 DOLPHIN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **S** ☐ Delete
NAME **MURCIA, HELIODORO**
STREET ADDRESS **5850 DOLPHIN DRIVE**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **M** ☐ Delete
NAME **MURCIA, ANDRES**
STREET ADDRESS **4546 SO SEMORAH BLVD.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **T** ☐ Delete
NAME **MURCIA, MARIA D**
STREET ADDRESS **4546 SO SEMORAH BLVD.**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **MURCIA, CONSUELO**
STREET ADDRESS **1184 EPSON OAKS WAY**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **S** ☐ Change ☐ Addition
NAME **MURCIA, HELIODORO**
STREET ADDRESS **1184 EPSON OAKS WAY**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **MURCIA, ANDRES** ☐ Change ☐ Addition
NAME **1184 EPSON OAKS WAY**
STREET ADDRESS **ORLANDO, FL 32837**
CITY-ST-ZIP

TITLE **T** ☐ Change ☐ Addition
NAME **MURCIA MARIA D**
STREET ADDRESS **1184 EPSON OAKS WAY**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 all other like empowered.

SIGNATURE

HELIODORO H MURCIA, VP.

02-21-01

407-8518887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)