CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P96000073947** 1. Entity Name CONDOR VENTURES CORPORATION 04-13-2000 90010 021 ***150.00 Mailing Address Principal Place of Business 420 LINCOLN RD 420 LINCOLN RD STE 432 STE 432 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3014 LIS 2. Principal Place of Business 3. Mailing Address P. O. Box 191768 420 Lincoln Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 335 Applied For 4. FEI Number City & State City & State 65-0699099 Not Applicable Miami, <u>F</u>L <u>Miami Beach.</u> Country Country \$8.75 Additional 5. Certificate of Status Desired 33139 33119-1768 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLC Investments, Inc. PLC INVESTMENTS INC. Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road 420 LINCOLN RD. STE 432 MIAMI BEACH FL 33139 Suite 335 City Zip Code 33139 Miami Beach, 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change Addition TITLE Delete NAME NEITZEL, JULIE L NAME 420 Lincoln Road, Suite 335 STREET ADDRESS STREET ADDRESS 420 LINCOLN RD, STE 432 Miami Beach, FL 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition TITLE ☐ Delete TITLE MONTERO, HILDA C NAME NAME STREET ADDRESS 420 Lincoln Road, Suite 335 STREET ADDRESS 420 LINCOLN RD, STE 432 CITY-ST-ZIP CITY-ST-ZIE MIAMI BEACH FL 33139 Miami Beach, FL 33139 President/Director K] Change ☐ Addition ☐ Delete TITLE TITLE CEJAS, PABLO L NAME NAME 420 Lincoln Road, Suite 335 STREET ADDRESS STREET ADDRESS 420 LINCOLN RD, STE 432 Miami Beach, FL 33139 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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