

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099374

1. Entity Name
CONDADO, INC.

Principal Place of Business
645 PARKVIEW LANE
NAPLES FL 34103

Mailing Address
BOX 338
NAPLES FL 34106

2. Principal Place of Business
P.O. Box 2391

Mailing Address
Suite, Apt. #, etc.

City & State
NAPLES FL

Suite, Apt. #, etc.

Zip
34106

Country

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

05-19-2002 90058 007 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3426803 Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCHER, MAX A
1000 9TH ST NO STE 502
NAPLES FL 34103

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
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, GERARDO 645 PARKVIEW LANE NAPLES FL 34103	<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABAN, MEYLENID 645 PARKVIEW LANE NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLCHER, MAX A CPA P.O. BOX 338 N/A NAPLES FL 34106	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)