FILED

Date

2001	UNIFORM	BUSINESS	REPORT	/UBR
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SIGNATURE REQUISED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

DOCUMENT # P9700069916 1. Entity Name CORDOBA PROPERTIES, INC.					Sep 06, 2001 8:00 am Secretary of State 09-06-2001 90274 025 ***550.00			
Principal Place of Business % RICHARD NIETO OR GLEN NELSON 4175 VETS HIGHWAY. STE. 202 RONKONKOMA NY 11779		Mailing Address ** RICHARD NIETO OR GLEN NELSON 4175 VETS HIGHWAY. STE. 202 RONKONKOMA NY 11779		į				
2. Principal Place of Business		3. Mailing Address) i ja lil ja filo irlik a kt ik rakki orkit a diki ob			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	4. FEI Number 58-2335258 Applied For Not Applicable			
Zip	Country	Zip	Country	5	5. Certificate of Status Desired	\$8.75 Addi	litional	
	6. Name and Address of Current Ro	egistered Agent	1	7	7. Name and Address of New Register	ed Agent		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801			Street City	Address (P.C	ddress (P.O. Box Number is Noi Acceptable) FL Zip Code			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After September 12, 2			egistered Agent signature required when re FEE IS \$550.00 2001 Fee will be \$750.00 to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D NIETO, RICHARD 2100 MIDDLE COUNTRY RD., STE. CENTEREACH NY 11720	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	417	ADDITIONS/CHANGES TO OFFICERS A S vets they ste 202 Lowers, my 11779	Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, GLEN 2100 MIDDLE COUNTRY RD., STE. CENTEREACH NY 11720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4171 Roa	ruefs Hour Stelo	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	THE STREET STREET, STREET STREET, STRE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ľ	, <u></u>	/ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with the contract of the contract	rue and accurate and that my rered to execute this report as	he exemption st r signature shall s required by Cl	ated in Section have the same napter 607, Fl	on 119.07(3)(i), Florida Statutes. I further ne legal effect as if made under oath; tha lorida Statutes; and that my name appea	certify that the in it I am an officer ours in Block 11 or	formation or director Block 12 if	