# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 28, 2003 8:00 am**
**Secretary of State**
02-28-2003 90424 001 ***300.00

DOCUMENT # P98000079089

1. Entity Name
CONDOR PROPERTIES OF MIAMI, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12120 NW 11 ST<br>PLANTATION FL 33323 | 12120 NW 11 ST<br>PLANTATION FL 33323 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2 INDEPENDENT DR | 2 INDEPENDENT DR |
| Suite, Apt. #, etc.: # 250 | Suite, Apt. #, etc.: # 250 |
| City & State: JACKSONVILLE, FL | City & State: JACKSONVILLE, FL |
| Zip: 32202 Country: USA | Zip: 32202 Country: USA |

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0898306 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

WASHOFSKY, MARTIN E
12120 NW 11 ST
PLANTATION FL 33323

**7. Name and Address of New Registered Agent**

Name: FRANK W. RICCI
Street Address (P.O. Box Number is Not Acceptable): EXECUTIVE SUITE # 250
2 INDEPENDENT DRIVE
City: JACKSONVILLE, FL FL Zip Code: 32202

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ FRANK W. RICCI 021003
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>WASHOFSKY, MARTIN E<br>12120 NW 11 ST<br>PLANTATION FL 33323 | ☒ Delete | DIRECTOR<br>FRANK W. RICCI<br>2 INDEPENDENT DRIVE # 250<br>JACKSONVILLE, FL 32202 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ FRANK W. RICCI 2/10/03 904-598-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #