

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004824

1. Entity Name

CONDOR REAL ESTATE GROUP, INC.

Principal Place of Business

C/O ROZENCWAIG & GRANOFF
ONE SE THIRD AVE SUITE 960
MIAMI FL 33131

Mailing Address

C/O ROZENCWAIG & GRANOFF
ONE SE THIRD AVE SUITE 960
MIAMI FL 33131-1710

2. Principal Place of Business

4900 N.W. 167th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FLORIDA

City & State

Zip

Country

33014

Country

USA

4. FEI Number

65-0896847

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROZENCWAIG, LESLIE A
C/O ROZENCWAIG & GRANOFF
ONE SE THIRD AVE SUITE 960
MIAMI FL 33131

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLEISCHMAN, MIGUEL	
STREET ADDRESS	16200 NW 49TH AVE	
CITY-ST-ZIP	HALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4900 N.W. 167th St.	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	SJD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIETTE FLEISCHMAN	
STREET ADDRESS	4900 N.W. 167th St	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00
Date

(305) 379-6100
Daytime Phone #

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90014 024 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)