

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91207 036 ***550.00

0203352 AV

DOCUMENT # P99000004824

1. Entity Name

CONDOR REAL ESTATE GROUP, INC.

Principal Place of Business

**4900 NW 167TH ST.
 MIAMI LAKES FL 33014**

Mailing Address

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

00124013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

do 1 SE 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 960

City & State

City & State

Miami Fla

4. FEI Number

65-0896847

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

USA

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

LESLIE ALAN ROZENCWAIG, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1 SE 3rd Ave

STE 960

City

Miami

FL

Zip Code

33131

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)

1/12/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FLEISCHMAN, MIGUEL**
 CITY-ST-ZIP **4900 NW 167TH ST
 MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **FLEISCHMAN, JULIETTE**
 CITY-ST-ZIP **4900 NW 167TH ST
 MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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 REQUIRED

3-27-02

305 621 7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL FLEISCHMAN

Date

Daytime Phone #

CR2E034 (9/01)