

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018860

1. Entity Name

CONCORDE INTERNATIONAL GROUP, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90010 015 ***150.00

Principal Place of Business

Mailing Address

2875 N.E. 191ST STREET
SUITE 404
AVENTURA FL 33180

2875 N.E. 191ST STREET
SUITE 404
AVENTURA FL 33180-2831

2. Principal Place of Business

2999 NE 191 Street

Suite, Apt. #, etc.

#906

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Address

2999 NE 191 Street

Suite, Apt. #, etc.

#906

City & State

Aventura, FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0923822

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N
2875 N.E. 191ST STREET
SUITE 404
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Amy Landa

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

2999 NE 191 Street, #906

City

Aventura

FL

Zip Code

33180

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.

Amy Landa

(NOTE: Registered Agent signature required when reinstating)

01-06-2000

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REINHARD, SANFORD N	
STREET ADDRESS	2875 N.E. 191ST STREET	
CITY-ST-ZIP	AVENTURA FL 33180	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Landa	
STREET ADDRESS	2999 NE 191 Street, #906	
CITY-ST-ZIP	Aventura FL 33180	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2000

Date

Daytime Phone #

305-932-0102

CR2E034 (9/99)