

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000061956**

1. Entity Name

**CONDOR SECURITY COMPANY, INC.****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90035 032 \*\*\*158.75

**913868**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**7441 WAYNE AVE., #4-D**  
**MIAMI BCH FL 33141**

Mailing Address

**7441 WAYNE AVE., #4-D**  
**MIAMI BCH FL 33141**

2. Principal Place of Business

**5000 NW 36 STREET**

3. Mailing Address

**7441 WAYNE AVE**

Suite, Apt. #, etc.

**109 BUILDING 44 - MIA**

Suite, Apt. #, etc.

**4-D**

City &amp; State

**MIAMI, FLORIDA**

City &amp; State

**MIAMI BEACH FLORIDA**

Zip

**33122**

Country

**MIAMI-DADE**

Zip

**33141**

Country

**MIAMI-DADE**

4. FEI Number

**65-0957892**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LOA, ROBERTO**  
**7441 WAYNE AVE., #4-D**  
**MIAMI BCH FL 33141**

7. Name and Address of New Registered Agent

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

**01/25/01**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, 2001 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** ☐ Delete  
NAME **LOA, ROBERTO**  
STREET ADDRESS **7441 WAYNE AVE., #4-D**  
CITY-ST-ZIP **MIAMI BCH FL 33141**TITLE **DVP** ☐ Delete  
NAME **CHOQUE, LEONIDAS**  
STREET ADDRESS **9642 SW 151 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33196**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/25/01**

Date

**786 348 7110**

Daytime Phone #

CR2E034 (10/00)