

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90146 006 ***150.00

DOCUMENT # P99000107581

1. Entity Name

EL CONDOR MOVING AND STORAGE, INC.



Principal Place of Business

**1291-A S. POWERLINE RD., PMB 311
POMPANO BEACH FL 33069**

Mailing Address

**1291-A S. POWERLINE RD., PMB 311
POMPANO BEACH FL 33069**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1201 SW 26 Ave.

Suite, Apt. #, etc.

#311

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Address

1201 SW 26 Ave.

Suite, Apt. #, etc.

#311

City & State

Pompano Beach, FL

Zip

33069

Country

USA

4. FEI Number

65-0965116

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JAMES, CHRISTOPHER

1291-A S. POWERLINE RD., PMB 311

POMPANO BEACH FL 33069

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

SIGNATURE

Signature, typed 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
JAMES, CHRISTOPHER
1291-A S. POWERLINE RD., PMB 311
POMPANO BEACH FL 33069**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Christopher James
Christopher James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03

Date

Daytime Phone #

CR2E034 (10/02)