

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**  
 02-01-2000 90034 048 \*\*\*150.00

**DOCUMENT # V19056**

1. Entity Name

**CONDOR AIRCRAFT, CORP.**

Principal Place of Business

Mailing Address

4200 NW 36TH ST  
 BLDG 20. BAY 36  
 MIAMI FL 33122  
 US

P.O. BOX 661118  
 MIAMI SPRINGS FL 33266-1118  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0318421**

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

**SINNING, DINO JOSE**

**1235 S.W. 94TH COURT**

**MIAMI FL 33174**

Name

**Sinning, Dino J**  
**420 NW 114 AVE #104**

City

**MIAMI**

**FL**

Zip Code

**33172**

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

TITLE ☐ Delete

NAME **PD SINNING, DINA M**  
 STREET ADDRESS **173 GLENDALE DR**  
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Delete

NAME **VP SINNING, DINO J**  
 STREET ADDRESS **420 NW-114 AVE #104**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete

NAME **S SINNING, LORENA**  
 STREET ADDRESS **117 NAVAJO SE**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete

NAME **S SINNING, SILVANNA**  
 STREET ADDRESS **173 GLENDALE DR**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/15/2000**

**(305) 871-1416**