

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S22747**

1. Entity Name
CONDAL IMPORTS, INC.

Principal Place of Business

**531 DUPONT STREET
BRONX NY 10474**

Mailing Address

**531 DUPONT STREET
BRONX NY 10474**

FILED

02 AUG 26 AM 9:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2002 AMENDED

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

13-2614480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, DAVID
400 KINGS POINT DRIVE
APT 804
MIAMI BEACH FL 33160**

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 the Registered Agent and the filer (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> Delete P FERNANDEZ, MANUEL B. 531 DUPONT STREET BRONX NY 10474		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT Fernandez, Carmen 531 Dupont Street Bronx, NY 10474	
<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT Fernandez, Nestor 531 Dupont Street Bronx, NY 10474	
<input type="checkbox"/> Delete 		600008019896-7 -09/25/02--01061--013 *****61.25 *****61.25	
<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition 	

3. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nestor Fernandez 08/21/02 (718) 589-1800