2000 UNIFORM BUSINESS REPORT (UBR)

0004380 AF

DOCUMENT # A99000001656

1. Entity Name

CODINA HOLDINGS, LTD.

Principal Place of Business	Mailing Address
2 ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134	2 ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134-5237

DO NOT WRITE IN THIS SPACE

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 — 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
BEFELER, HENRY 2 ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134	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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000089342	STREET ADDRESS	700003286977--1 06/13/00--01049--005
NAME	CODINA HOLDINGS WESTON, INC.		
STREET ADDRESS	2 ALHAMBRA PLAZA, PH-2	CITY-ST-ZIP	****141.25 ****141.25
CITY-ST-ZIP	CORAL GABLES FL		
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FILED
00 MAY -1 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Henry Befeler 4/24/00 (305) 520-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #