2001 UNIFORM BUSINESS REPORT (UBR)

000430 AF

DOCUMENT # A99000001656

1. Entity Name

CODINA HOLDINGS, LTD.

FILED
01 APR 26 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 355 Alhambra Circle, Suite 900	Suite, Apt. #, etc. 355 Alhambra Circle, Suite 900
City & State Coral Gables, Florida 33134	City & State Coral Gables, Florida 33134
Zip	Country
Zip	Country

4. FEI Number 65-0953598 ☐ 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) 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134 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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000089342 CODINA HOLDINGS WESTON, INC. 2 ALHAMBRA PLAZA, PH-2 CORAL GABLES FL	STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
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CR2E003 (11/00)

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: Codina Holdings Weston, Inc. By: Kollee Corcoran SIGNATURE REQUIRED 4/9/01 3055202300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #