

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90165 038 ***158.75

DOCUMENT # M90693
 1. Entity Name
CODINA CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
TWO ALHAMBRA PLAZA, PH II **TWO ALHAMBRA PLAZA, PH II**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt., etc. Suite, Apt., etc.
355 Alhambra Circle Suite 900 *355 Alhambra Circle Suite 900*

City & State City & State
Coral Gables FL *Coral Gables FL*

Zip Country Zip Country
33134 *USA* *33134* *USA*

4. FEI Number Applied For
65-0073117 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BEFELER, HENRY
TWO ALHAMBRA PLAZA, PH II
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) *355 Alhambra Circle Suite 900*
 City *Coral Gables* FL Zip Code *33134*

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

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, 2001 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	C <input type="checkbox"/> Delete
NAME	CODINA, ARMANDO
STREET ADDRESS	TWO ALHAMBRA PLAZA PH II
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	P <input type="checkbox"/> Delete
NAME	HEVIA, JOSE
STREET ADDRESS	TWO ALHAMBRA PLAZA PHII
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VT <input type="checkbox"/> Delete
NAME	BEFELER, HENRY
STREET ADDRESS	TWO ALHAMBRA PLAZA PHII
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>355 Alhambra Circle Suite 900</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>355 Alhambra Circle Suite 900</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VTS</i>
STREET ADDRESS	<i>355 Alhambra Circle Suite 900</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>V AS</i>
STREET ADDRESS	<i>Kolleen O.P. Cobb</i>
CITY-ST-ZIP	<i>355 Alhambra Circle Suite 900 Coral Gables FL 33134</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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]* Date *2/7/01* Daytime Phone # *305-520-2309*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)