

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90298 006 ***150.00

DOCUMENT # P95000045298

1. Entity Name
COBB MOUNTAIN CORP.

Principal Place of Business
~~2333 PONCE DE LEON BOULEVARD~~
~~PENTHOUSE 1111~~
CORAL GABLES FL 33134

Mailing Address
~~2333 PONCE DE LEON BOULEVARD~~
~~PENTHOUSE 1111~~
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
255 Aragon Avenue

3. Mailing Address
255 Aragon Avenue

Suite, Apt. #, etc.
Suite 333

Suite, Apt. #, etc.
Suite 333

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number **65-0594033** Applied For
 Not Applicable

Zip Country
33134 USA

Zip Country
33134 USA

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

WESTON, ANDREW R
~~2333 PONCE DE LEON BOULEVARD~~
~~PENTHOUSE 1100~~
CORAL GABLES FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
255 Aragon Avenue, Suite 333
 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 *Andrew R. Weston* **ANDREW R. WESTON** 4/14/01
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **COBB, SUE M**
 STREET ADDRESS ~~2333 PONCE DE LEON BLVD., PENTHOUSE 1100~~
 CITY-ST-ZIP **CORAL GABLES FL 33134**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **255 Aragon Ave, Suite 333**
 CITY-ST-ZIP

TITLE Delete
 NAME **WESTON, ANDREW R.**
 STREET ADDRESS **2333 PONCE DE LEON, PH1100**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

Change Addition
 TITLE **S, T**
 NAME
 STREET ADDRESS **255 Aragon Ave, Suite 333**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE **CHARLES F. COBB, JR**
 NAME **Vice President**
 STREET ADDRESS **255 Aragon Avenue, Suite 333**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 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: *Sue M Cobb* **Sue M. Cobb** 4/14/01 305 441 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)