

2001 UNIFORM BUSINESS REPORT (UBR)

0004358 AF

DOCUMENT # A00000000174

1. Entity Name

CODINA FAMILY HOLDINGS II, LTD.

Principal Place of Business

TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address

TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.
355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

3. Mailing Address

Suite, Apt. #, etc.
355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

Zip

Country

Zip

Country

4. FEI Number

65-0980765

Applied For

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
PENTHOUSE 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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P94000022789
NAME CODINA INVESTMENTS, INC.
STREET ADDRESS TWO ALHAMBRA PLAZA, PH-11
CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

355 Alhambra Circle, Suite 900

CITY-ST-ZIP

Coral Gables, Florida 33134

STREET ADDRESS

CITY-ST-ZIP

300004191503--1

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 Investments, Inc.
by S. Kallan
Kallan of Corp. II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/9/01

305 520 2300

CR2E003 (11/00)

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



DO NOT WRITE IN THIS SPACE