

2001 UNIFORM BUSINESS REPORT (UBR)

0004210 AF

DOCUMENT # A00000001570

1. Entity Name

COSMA, LTD.

FILED

01 APR 27 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

55 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

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

GRAGG, K. LAWRENCE
WHITE & CASE LLP
200 S. DISCAYNE BOULEVARD, SUITE 4900
MIAMI FL 33134

Name **HENRY BEFELER**
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

4/20/01

9. Capital Contributions
as Shown on record.

\$7,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000097464
NAME COSMA, INC.
STREET ADDRESS TWO ALHAMBRA PLAZA, PENTHOUSE II
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS 355 Alhambra Circle, Suite 900
CITY-ST-ZIP Coral Gables, Florida 33134

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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:

Cosma, Inc.
S. Villatoro
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/9/01 3055202300

CR2E003 (11/00)