

2001 UNIFORM BUSINESS REPORT (UBR)

0004243 AF

DOCUMENT # A00000001571

1. Entity Name

CODINA CYBERPORT, 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
TWO ALHAMBRA PLAZA, PENTHOUSE 2 TWO ALHAMBRA PLAZA, PENTHOUSE 2
CORAL GABLES FL 33134 CORAL GABLES FL 33134

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

4. FEI Number 65-1047661 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
COBB, KOLLEEN O.P. Name
TWO ALHAMBRA PLAZA, PENTHOUSE 2 Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134 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. \$2,100,000.00 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000096578	STREET ADDRESS	355 Alhambra Circle, Suite 900
NAME	CODINA CYBERPORT, INC.	CITY-ST-ZIP	Coral Gables, Florida 33134
STREET ADDRESS	TWO ALHAMBRA PLAZA, PENTHOUSE 2		
CITY-ST-ZIP	CORAL GABLES FL 33134		
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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 Cyberport, Inc.* *Kolleen Cobb* 4/9/01 3055202300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)