

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001571

1. Entity Name

CODINA CYBERPORT, LTD.

FILED

02 APR 29 AM 8:50

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Principal Place of Business

355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES FL 33134

Mailing Address

355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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.

355 ALHAMBRA CIRCLE, SUITE 900

CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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  
NAME CODINA CYBERPORT, INC.  
STREET ADDRESS 355 ALHAMBRA CIRCLE, SUITE 900  
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

000005481990--9

05/07/02 01083-016

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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

Codina Cyberport, Inc.

SIGNATURE: By Kolleen Cobb Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.1.02

305 520 2300

Date

Telephone #

CR2E003 (9/01)