

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001460 AV

**DOCUMENT # A01000000886**

1. Entity Name  
**COSMA WBP ONE, LTD.**

FILED  
02 APR 29 PM 4:37  
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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

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

**COBB, KOLLEEN**  
**355 ALHAMBRA CIRCLE, SUITE 900**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$0.00**

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 #	<b>P01000066033</b>
NAME	<b>COSMA WBP ONE, INC.</b>
STREET ADDRESS	<b>355 ALHAMBRA CIRCLE, SUITE 900</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400005502724 3</b>
CITY-ST-ZIP	<b>-05/10/02--01049--014</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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: **COSMA WBP ONE, INC.**  
**By: Kolleen Cobb, Vice President** **4.2.02** **305-520-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)