

2002 UNIFORM BUSINESS REPORT (UBR)

0001481 AV

DOCUMENT # A01000000887

1. Entity Name
COSMA WBP TWO, LTD.

FILED
02 APR 29 AM 8:25

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.
City & State
Zip Country

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 #	P01000066036
NAME	COSMA WBP TWO, INC.
STREET ADDRESS	355 ALHAMBRA CIRCLE, SUITE 900
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	400005481834--5
STREET ADDRESS	05/07/02 01081 011
CITY-ST-ZIP	****141.25 ****141.25
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: **COSMA WBP TWO, INC.**
KOLLEEN COBB, President

Date: **4.2.02.** Daytime Phone #: **305 520 2300**

CR2E003 (9/01)