

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A93000000023

1. Entity Name
CODINA/TRADEWIND ONE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43



Principal Place of Business
ATTN: ROXANA
TWO ALHAMBRA PLAZA, PENTHOUSE 2
CORAL GABLES FL 33134

Mailing Address
ATTN: ROXANA
TWO ALHAMBRA PLAZA, PENTHOUSE 2
CORAL GABLES FL 33134-5237

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0446796** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEFELER, HENRY
TWO ALHAMBRA PLAZA, PENTHOUSE 2
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,000.00**

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

DOCUMENT #	M60378
NAME	CODINA WEST DADE DEVELOPMENT CORP.
STREET ADDRESS	TWO ALHAMBRA PLAZA, PENTHOUSE 2
CITY - ST - ZIP	CORAL GABLES FL 33134
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	
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CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

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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: **SIGNATURE REQUIRED** *Henry Befeler* Date **4-17/00** (305) 520-2360 Daytime Phone #

CR2E003 (9/99)