

2001 UNIFORM BUSINESS REPORT (UBR)

0004301 AF

DOCUMENT # **A94000000970**
1. Entity Name
CODINA/TRADEWIND NO. 2, LTD.

FILED
 01 APR 27 PM 3:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
TWO ALHAMBRA PLAZA, PENTHOUSE II **TWO ALHAMBRA PLAZA, PENTHOUSE II**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

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

City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number **65-0507502** **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BEFELER, HENRY
TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. (NO E Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. **\$49,500.00** **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 #	P94000051637
NAME	CODINA WEST DADE DEVELOPMENT CORP. NO. 2
STREET ADDRESS	TWO ALHAMBRA PLAZA, PENTHOUSE II
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	355 Alhambra Circle, Suite 900
CITY-ST-ZIP	Coral Gables, Florida 33134
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Codina West Dade Development Corp. No. 2
by HENRY BEFELER 4/20/01 305 520 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)