

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004394 AF

**DOCUMENT # A97000002826**

1. Entity Name  
**CODINA/TRADEWIND NO. 5, LTD.**

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



Principal Place of Business: **TWO ALHAMBRA PLAZA, PENTHOUSE 2, CORAL GABLES FL 33134**  
Mailing Address: **TWO ALHAMBRA PLAZA, PENTHOUSE 2, CORAL GABLES FL 33134**

2. Principal Place of Business: Suite, Apt. #, etc. **355 Alhambra Plaza, Suite 900**  
3. Mailing Address: Suite, Apt. #, etc. **355 Alhambra Plaza, Suite 900**

City & State: **Coral Gables, Florida 33134**

4. FEI Number: **65-0856674**  
Applied For:  Not Applicable

DO NOT WRITE IN THIS SPACE

City & State: **Coral Gables, Florida 33134**

Zip: Country

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

6. Name and Address of Current Registered Agent  
**BETELER, 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)  
**355 Alhambra Plaza, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$7,500.00**

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 #	<b>P97000107180</b>
NAME	<b>CODINA WEST DADE DEVELOPMENT CORP. NO. 5</b>
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA, PENTHOUSE 2</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>355 Alhambra Plaza, Suite 900</b>
CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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. 5**  
**HENRY BETELER** 4/20/01 305 520 2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)