

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004357 AF

DOCUMENT # **A99000001904**

1. Entity Name

**C/WDL, LTD.**

FILED

01 APR 26 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

~~C/O WHITE & CASE LLP~~  
~~200 SOUTH BISCAYNE BLVD., SUITE 400~~  
~~MIAMI FL 33131~~

Mailing Address

**TWO ALHAMBRA PLAZA, PENTHOUSE II**  
**CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**355 Alhambra Circle, Suite 900**  
**Coral Gables, Florida 33134**

Suite, Apt. #, etc.

**355 Alhambra Circle, Suite 900**  
**Coral Gables, Florida 33134**

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

**65-0978263**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEFELER, HENRY**  
**TWO ALHAMBRA PLAZA, PHII**  
**CORAL GABLES FL 33131**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$500,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000100243**  
NAME **C/WDL, INC.**  
STREET ADDRESS **TWO ALHAMBRA PLAZA, PENTHOUSE II**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS **355 Alhambra Circle, Suite 900**  
CITY-ST-ZIP **Coral Gables, Florida 33134**

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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:

**C/WDL, Inc.**  
**SIGNATURE REQUIRED**  
**Katherine of Cobb VP**

Date

Daytime Phone #

**4/9/01**

**305 520 2300**

CR2E003 (11/00)