

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # F97000002217

1. Entity Name

TRADEPORT MANAGEMENT, INC. (A)

Principal Place of Business

Mailing Address

2 ALHAMBRA PLAZA  
PH #2

SAME

CORAL GABLES, FL. 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEEFELER, HENRY  
CODINA GROUP INC.  
2 ALHAMBRA PLAZA PH #2  
CORAL GABLES, FL. 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

200003320752-3

-07/19/00-01113-021

City

\*\*\*\*\*61. FL

\*\*\*\*\*61.25

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSDC ☐ Delete  
NAME CODINA, ARMANDO  
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2  
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE P/DIC ☒ Change ☐ Addition  
NAME CODINA, ARMANDO  
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2  
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE VT ☐ Delete  
NAME BEFELER, HENRY  
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2  
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE VITIS ☒ Change ☐ Addition  
NAME BEFELER, HENRY  
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2  
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME GIBSON, O. FORD  
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2  
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VIAS  
STREET ADDRESS COAB, KOLLEEN  
CITY-ST-ZIP 2 ALHAMBRA PLAZA, PH #2  
CORAL GABLES, FL. 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY BEFELER VP

Date

Daytime Phone #

6/6/00 (305) 520-2300

CR2E034 (9/99)