

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90351 029 \*\*\*150.00

DOCUMENT # F97000002217

1. Entity Name  
TRADEPORT MANAGEMENT, INC.

Principal Place of Business  
2 ALHAMBRA PLAZA, PENTHOUSE II  
CORAL GABLES FL 33134

Mailing Address  
2 ALHAMBRA PLAZA, PENTHOUSE II  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

355 Alhambra Circle, Suite 900  
Coral Gables, Florida 33134

355 Alhambra Circle, Suite 900  
Coral Gables, Florida 33134

City & State

City & State

4. FEI Number 65-0755792

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 CFO  
CODINA GROUP, INC.  
TWO ALHAMBRA PLAZA, PH2  
CORAL GABLES FL 33134

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. 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, 2001 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 PCO  
NAME CODINA, ARMANDO  
STREET ADDRESS 2 ALHAMBRA PLAZA, PENTHOUSE II  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 355 Alhambra Circle, Suite 900  
CITY-ST-ZIP Coral Gables, Florida 33134 ☒ Change ☐ Addition

TITLE VST  
NAME BEFELER, HENRY  
STREET ADDRESS 2 ALHAMBRA PLAZA, PENTHOUSE II  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 355 Alhambra Circle, Suite 900  
CITY-ST-ZIP Coral Gables, Florida 33134 ☒ Change ☐ Addition

TITLE V  
NAME GIBSON, FORD O  
STREET ADDRESS 2 ALHAMBRA PLAZA, PENTHOUSE II  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 355 Alhambra Circle, Suite 900  
CITY-ST-ZIP Coral Gables, Florida 33134 ☒ Change ☐ Addition

TITLE VAS  
NAME COBB, KOLLEEN  
STREET ADDRESS 2 ALHAMBRA PLAZA, PENTHOUSE II  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 355 Alhambra Circle, Suite 900  
CITY-ST-ZIP Coral Gables, Florida 33134 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)