

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90163 047 ***150.00

DOCUMENT # G16582

1. Entity Name

CODINA REAL ESTATE MANAGEMENT, INC.

Principal Place of Business

TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address

TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134

00045754



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 59-2241723

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
TWO ALHAMBRA PLAZA
PENTHOUSE II
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 C
NAME CODINA, ARMANDO
STREET ADDRESS TWO ALHAMBRA PLAZA, PHII
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

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

TITLE P
NAME WASSEY, WILLIAM T.
STREET ADDRESS TWO ALHAMBRA PL., PH II
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE VTS
NAME BEFELER, HENRY
STREET ADDRESS TWO ALHAMBRA PLAZA PH-II
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

TITLE VAS
NAME COBB, KOLLEEN
STREET ADDRESS TWO ALHAMBRA PLAZA PH II
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

TITLE V
NAME GIBSON, FORD O
STREET ADDRESS TWO ALHAMBRA PLAZA PH II
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Kolleen OPCobb

Kolleen OPCobb

4/9/01

3055202800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)