

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90485 030 \*\*\*150.00

0212914 AV

**DOCUMENT # G16582**  
 1. Entity Name  
**CODINA REAL ESTATE MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
**355 ALHAMBRA CIRCLE SUITE 900**      **355 ALHAMBRA CIRCLE SUITE 900**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-2241723**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**BEFELER, HENRY**  
**355 ALHAMBRA CIRCLE SUITE 900**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CODINA, ARMANDO</b> <b>355 ALHAMBRA CIRCLE SUITE 900</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEISEN, JOHN</b> <b>355 ALHAMBRA CIRCLE SUITE 900</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>BEFELER, HENRY</b> <b>355 ALHAMBRA CIRCLE SUITE 900</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>COBB, KOLLEEN</b> <b>355 ALHAMBRA CIRCLE SUITE 900</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GIBSON, FORD O</b> <b>355 ALHAMBRA CIRCLE SUITE 900</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>John Geisen</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Patricia Blasi</b> <b>355 Alhambra Circle, Suite 900</b> <b>Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 O.P. Cobb, Vice President (Kolleen O.P. Cobb)      Date: \_\_\_\_\_      Daytime Phone #: **305-520-2300**

CFR2E034 (9/01)