

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66869

1. Entity Name
CODINA DEVELOPMENT CORPORATION

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90968 010 ***150.00

Principal Place of Business Mailing Address
~~2. CODINA~~ ~~2. CODINA~~
TWO ALHAMBRA PLAZA, PENTHOUSE II **TWO ALHAMBRA PLAZA, PENTHOUSE II**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134		3. Mailing Address 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134		4. FEI Number 59-2784536	Applied For
City & State		City & State			Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEFELER, HENRY TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134 City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CODINA, ARMANDO TWO ALHAMBRA PLAZA PH II CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BEFELER, HENRY TWO ALHAMBRA PLAZA, PH II CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBSON, O FORD TWO ALHAMBRA PLAZA, PH II MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSA VAS COBB, KOLLEEN TWO ALHAMBRA PLAZA PH II MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRANTI, ROBERT TWO ALHAMBRA PLAZA PH II MIAMI FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Forrest Robinson 355 Alhambra circle, suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Patricia Blas 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134

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: Henry Befeler 4/18/01 305 520 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Vice President

CR2E034 (10/00)