2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J66869 DOCUMENT #

1. Entity Name

CODINA DEVELOPMENT CORPORATION



FILED Apr 14, 2003 8:00 am Secretary of State

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Zip Country Zip Country S. Certificate of Satus Desired S. S. Adminish Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Forida. Fam familiar with, and accept the obligation of registered agent, or both, in the State of Fo	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
BEFELER, HENRY TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33134 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the obligatio	City & State		City & State		4. FEI Number 59-2784536	<u>}}-</u> -	
BEFELER, HENRY TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or	Zip Country Z		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
BEFFLER, HENRY TWO ALHAMBRA PLZA PENTHOUSE II CORAL GABLES FL 33134 Signature OFFICERS AND DIRECTORS TILL OTY ST-2IP CORAL GABLES FL 33134 OTY ST-2IP CORAL GABLES FL 33134 OTY ST-2IP TILL VAS ORAL GABLES FL 33134 OTY ST-2IP TILL OCRAL GABLES F	6. Name and Address of Current Registered Agent						
TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES F, 33134 Sirber above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am Immiliar with, and accept the collegations of registered agent. SIGNATURE Signature, speak or principle. FILE NOW!!! FEE IS \$150.00 A After May 1, 2003 Fee will be \$55				Name	Name		
TWO ALHAMBRA PLAZA PENTHOUSE II CORAL GABLES FL 33134 6. The above named entity submits in statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. FILE NOW!!! FlEE IS \$150.00 Added to Flee TILE VIS TILE VIS TILE VAS CORAL GABLES FL 33134 TILE	Befeler,	HENRY		Street Address	s (P.O. Box Number is Not Acceptable)		
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

3.5.03

305-520-2344