

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90165 039 ***150.00

0158778

DOCUMENT # J66907

1. Entity Name

CODINA GROUP, INC.

Principal Place of Business

Mailing Address

**TWO ALHAMBRA PLAZA
 PH II
 CORAL GABLES FL 33124**

**TWO ALHAMBRA PLAZA
 PH II
 CORAL GABLES FL 33124**

00040004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**355 Alhambra Circle, Suite 900
 Coral Gables, Florida 33134**

**Suite, Apt. #, etc.
 355 Alhambra Circle, Suite 900
 Coral Gables, Florida 33134**

City & State

City & State

4. FEI Number **59-2784537**

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, PH 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 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	AST CODINA, MARGARITA TWO ALHAMBRA PLAZA PH II CORAL GABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BEFELER, HENRY TWO ALHAMBRA PLAZA PH II CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBSON, O F 2 ALHAMBRA PLAZA PH II CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODON, RAFAEL 2 ALHAMBRA PLAZA PH II CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS COBB, KOLLEEN 2 ALHAMBRA PLAZA PH II CORAL GABLES FL 33134	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Kolleen O.P. Cobb
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
 Date

3055202300
 Daytime Phone #

CR2E034 (10/00)