2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am Secretary of State **DOCUMENT # K99438** CODINA DEERING, INC. 05-04-2001 90088 018 ***150.00 Principal Place of Business Mailing Address 2 ALHAMBRA PLAZA 2 ALHAMBRA PLAZA PH #2 PH #2 C0060883 CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite 555 Alliampra Circle, Suite 900 Coral Gables, Florida 33134 355 Affairfibra Circle, Suite 900 DO NOT WRITE IN THIS SPACE Coral Gables, Florida 33134 Applied For City & State City & State 4. FEI Number 59-2988886 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent e - 1 BEFELER, HENRY Street Address (P.O. Box Number is Not Acceptable) 2 ALHAMBRA PLAZA, PH 2 355 Alhambra Circle, Suite 900-CORAL GABLES FL 33134 Coral Gables, Florida 33134 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Detete TITLE CODINA, ARMANDO NAME NAME 2 ALHAMBRA PLAZA PH2 STREET ADDRESS STREET ADDRESS 355 Alhambra Circle, Suite 900 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** Coral Gables, Florida 33134 Change (☐ Addition ☐ Delete TITI F RODON, RAFAEL NAME NAME 355 Alhambra Circle, Suite 900 2 ALHAMBRA PLAZA PH2 STREET ADDRESS STREET ADDRESS Coral Gables, Florida 33134 CITY-ST-718 **CORAL GABLES FL 33134** CITY-ST-ZIP **Addition** ☐ Delete TITLE ☐ Change TITLE BEFELER, HENRY NAME enry. NAME STREET ADDRESS 355 Alhambra Circle, Suite 900 2 ALHAMBRA PLAZA PH2 STREET ADDRESS Coral Gables, Florida 33134 CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Delete TITLE Change ☐ Addition TITLE FERRANTI, ROBERT NAME NAME 355 Alhambra Circle, Suite 900 STREET ADDRESS STREET ADDRESS 2 ALHAMBRA PLAZA PH2 Coral Gables, Florida 33134 CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition TITLE HARKEN, DIANNE NAME NAME STREET ADDRESS 2 ALHAMBRA PLAZA PH2 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CORAL GABLES FL 33134 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

HEWRY

SIGNATURE: