

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60378

1. Entity Name
CODINA WEST DADE DEVELOPMENT CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 033 ***150.00

Principal Place of Business
**TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134**

Mailing Address
**TWO ALHAMBRA PLAZA
PENTHOUSE II
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**

City & State
City & State

4. FEI Number **65-0009269** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$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

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, 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	DP 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 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	V GIBSON, O. FORD TWO ALHAMBRA PLAZA, PH-II CORAL GABLES 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	VAS COBB, KOLLEEN TWO ALHAMBRA PLAZA, PH II CORAL GABLES 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	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Cobb* *Kolleen O Cobb* 4/9/01 305 520 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)