

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 25 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000116

1. Entity Name
CODINA TRADEPORT, LLC

Principal Place of Business
TWO ALHAMBRA PLAZA, PH-2
CORAL GABLES FL 33146

Mailing Address
TWO ALHAMBRA PLAZA, PH-2
CORAL GABLES FL 33134-5237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

65-0888579

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 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-2
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME CODINA, ARMANDO
STREET ADDRESS TWO ALHAMBRA PLAZA, PH-2
CITY-ST-ZIP CORAL GABLES FL 33146

~~V/S/T~~ MGR Change Addition
NAME Henry Befeler
STREET ADDRESS Two Alhambra Plaza, PH II
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

~~V/AS~~ MGR Change Addition
NAME Kolleen Cobb
STREET ADDRESS Two Alhambra Plaza, PH II
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
200003297112--7
-06/20/00--01052--011
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Henry Befeler

4/7/00

Date

(305) 520-2300

Daytime Phone #

CR2E083 (9/99)