

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**DOCUMENT # M99000000116**  
1. Entity Name  
**CODINA TRADEPORT, LLC**

Principal Place of Business: **TWO ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134**  
Mailing Address: **TWO ALHAMBRA PLAZA, PH-2 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**

4. FEI Number: **65-0888579**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BEFELER, HENRY  
TWO ALHAMBRA PLAZA, PH-2,  
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: \_\_\_\_\_ State: **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME: <b>MGRM CODINA, ARMANDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>TWO ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134</b>	
TITLE NAME: <b>MGR BEFELER, HENRY</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>TWO ALHAMBRA PLAZA, PH II CORAL GABLES FL 33134</b>	
TITLE NAME: <b>MGR COBB, KOLLEEN</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>TWO ALHAMBRA PLAZA, PH II CORAL GABLES FL 33134</b>	
TITLE NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	
TITLE NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	

10. ADDITIONS/CHANGES	
TITLE NAME: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134</b>	
TITLE NAME: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134</b>	
TITLE NAME: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134</b>	
TITLE NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>300004192173--2</b>	
TITLE NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>-05/10/01--01005--019</b>	
TITLE NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>*****50.00 *****50.00</b>	

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: Kolleen P Cobb DATE: 4/9/01 DAYTIME PHONE #: 3055202344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)