NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 02, 2002 8:00 am Secretary of State

DOCUMENT # N9900006308 1. Entity Name					09-02-2002 90050 015 ****61.95					
•	Codel, Inc.									
	DO NOT WRITE	IN THIS SI	PACE							
	Place of Business 3 SW 4th St.	3. Mailing Address 1223 SW 4t	h C+							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPAC	Ε			
City & Sta	mi, FL	City & State Miami, FL			4. EEI Number		· · · · · · · · · · · · · · · · · · ·	Applied	For	
^{Zip} 33145-2407 ^{Country} USA		33 ^{Zip} 45-2407 USA ^{Coupty}		651046219 Not Applicabl 5. Certificate of Status Desired \$8.75 Additional						
991	43-24V/ USA	33143-2407	USA		5. Certificate of		Fee F	Required		
			Name	e Mr	7. Name and Add	ress of Current Re	egistered Age	nt		
	DO NOT W	Guarione M. Diaz								
						P.O. Box Number is Not Acceptable) B SW 4th St.				
	IN THIS SP	ACE								
			City	Miam	n i		FL 3	3135-	2407	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office			n the state of Florid	, FE 3	3135-	240/	
SIGNATURE	Signature: typed or printed name of registered agent an	d the (applythe (NO 1 L	: Registered Agent sig npalign Financinc		when redistating) \$5.00 May Be	Make	DAIL Check Pa	vable to	_	
	Initial or Amended UBR	Trust Fund C	ontribution.		Added to Fees		artment of			
10.	OFFICERS AND DIRE	CTORS	and a second	Wh 176.0	4.3839 P.369		s Consta		1	
TITLE NAME	Guarione M. Diaz		TITLE NAME						10	
STREET ADDRESS	1223 SW 4th St.	STREET ADDRESS	S ST.		7 P & P			$ \varepsilon $		
CITY-ST-ZIP	Miami, Fl 33135-2407								37B	
TITLE	SD		DILE 14 1	7		4.5.2576.1574				
NAME STREET ADDRESS	Wilfredo O. Allen								ိုင်	
CITY-ST-ZIP	2250 SW 3rd Ave. , Suite 201 Miami, FL 33129									
TITLE	EVPD		TITLE !	r market	ere a proposition de la co				200	
NAME STREET ADDRESS	Andres Pazos								* *	
CITY-ST-ZIP	11221 SW 4th St				DO NOT WRITE					
TITLE	MIGHT, 1H 33133-	2407	CITY ST ZIP ()		Section Control of the Control of	TARK MATERIAL DESIGNATION OF THE	Samuel Company of the			
NAME			NAME		:is:∫iN∍	THIS SI	PACE			
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CITY-ST-ZIP			CITY ST-ZIP							
TITLE NAME			III.E							
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY ST-ZIP;		er en		4.1			
12. I hereby co	ertify that the information supplied with th on this report or supplemental report is tri	is filing does not qualify for t	he exemption st	ated in Sect	tion 119.07(3)(i), Fk	vida Statutes. I furt	her certify that	t the informati	on .	

12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #