

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

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

09-02-2002 90050 015 ****61.95

DOCUMENT # N99000006308

1. Entity Name

Codel, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1223 SW 4th St.

3. Mailing Address

1223 SW 4th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
651046219

Applied For
Not Applicable

Zip 33145-2407 Country USA

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mr. Guarione M. Diaz

Street Address (P.O. Box Number is Not Acceptable)
1223 SW 4th St.

City Miami FL Zip Code 33135-2407

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

Guarione M. Diaz
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	Guarione M. Diaz
STREET ADDRESS	1223 SW 4th St.
CITY-STATE-ZIP	Miami, FL 33135-2407
TITLE	SD
NAME	Wilfredo O. Allen
STREET ADDRESS	2250 SW 3rd Ave. , Suite 201
CITY-STATE-ZIP	Miami, FL 33129
TITLE	EVPD
NAME	Andres Pazos
STREET ADDRESS	1223 SW 4th St.
CITY-STATE-ZIP	Miami, FL 33135-2407
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Guarione M. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)