4/30/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

04-30-2001 90443 030 ***150.00

DOCUMENT # P00000096578

1. Entity Name
CODINA CYBERPORT, INC.

Principal Place of Business
TWO ALHAMBRA PLAZA PT TWO
CORAL GABLES FL 33134

Mailing Address
TWO ALHAMBRA PLAZA PT TWO
CORAL GABLES FL 33134

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
355 Alhambra Circle, Suite 900
Suite, Apt #, etc. Coral Gables, Florida 33134

3. Mailing Address
355 Alhambra Circle Suite 900
Suite, Apt #, etc. Coral Gables, Florida 33134

City & State | Zip | Country

City & State | Zip | Country

4. FEI Number 65-1047660 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
COBB, KOLLEEN O.P. ESQ
TWO ALHAMBRA PLAZA PT TWO
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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CODINA, ARMANDO TWO ALHAMBRA PLAZA PT TWO CORAL GABLES FL 33134	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Armando Codina 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST Henry Beleter 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS Kolleen Cobb 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V O Ford Gibson 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Rafael Rodon 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jorge San Miguel 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition

CR2E034 (10/00)

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 OP Cobb — Kolleen OP Cobb — 4/9/01 — 305 5202300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #