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	Mailing Address
TWO ALHAMBRA PLAZA PT TWO CORAL GABLES FL 33134	TWO ALHAMBRA PLAZA PT TWO CORAL GABLES FL 33134

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
355 Alhambra Circle, Suite 900 Suite, Apt. #, etc. Coral Gables, Florida 33134	~~355 Alhambra Circle, Suite 900~~ Suite, Apt. #, etc. Coral Gables, Florida 33134
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-104 7660 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COBB, KOLLEEN O.P. ESQ TWO ALHAMBRA PLAZA PT TWO CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 200[illegible] 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CODINA, ARMANDO ~~TWO ALHAMBRA PLAZA PT TWO~~ CORAL GABLES FL 33134	☒ Delete	PD Armando Codina 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VST Henry Beletes 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VAS Kolleen Cobb 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V O Ferd Gibson 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V Rafael Rodon 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 4/9/01 305 520 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #