

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-02-2001 90163 046 ***150.00

DOCUMENT # P00000097464

1. Entity Name
COSMA, INC.

Principal Place of Business
TWO ALHAMBRA PLAZA PH II
CORAL GABLES FL 33134

Mailing Address
TWO ALHAMBRA PLAZA PH I
CORAL GABLES FL 33134

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

City & State
Coral Gables, FL

City & State
Coral Gables, FL

6. Name and Address of Current Registered Agent
GRAGG K. LAWRENCE
WHITE & CASE LLP
200 S BISCAYNE BLVD SUITE 4900
MIAMI FL 33131

4. FEI Number
65-1062024

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
HENRY BEFELE
355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134
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]* DATE **4/20/01**

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. ☐

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 PH II CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Henry Befele 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AS Kolleen Cobb 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John Geisen 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Kolleen OP Cobb** DATE **4/9/01** DAYTIME PHONE # **305 5202300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)