

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000064663**

1. Entity Name

**AC/WBP THREE, INC.**

FILED

03 JAN 28 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**355 ALHAMBRA CIR STE 900  
CORAL GABLES FL 33134**

Mailing Address

**355 ALHAMBRA CIR STE 900  
CORAL GABLES FL 33134**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**01-0756482**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COBB, KOLLEEN  
355 ALHAMBRA CIR STE 900  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2002 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 **DP** ☐ Delete  
NAME **CODINA, ARMANDO**  
STREET ADDRESS **355 ALHAMBRA CIR STE 900**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VTS** ☐ Delete  
NAME **BEFELER, HENRY**  
STREET ADDRESS **355 ALHAMBRA CIR STE 900**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VAS** ☐ Delete  
NAME **COBB, KOLLEEN ESQ.**  
STREET ADDRESS **355 ALHAMBRA CIR STE 900**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Kolleen Cobb* Vice President

4-2-02

305 520 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CODINA  
GROUP, INC.



355  
Alhambra  
Circle  
9th Floor  
Coral Gables  
Florida  
33134  
T305•520•2300  
[www.codina.com](http://www.codina.com)

January 14, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: AC/WBP THREE, INC. DOCUMENT # PO1000064663**

To whom it may concern:

We received a Notice of Administrative Dissolution or Revocation for AC/WBP THREE, INC. Document #PO1000064663, upon calling your office on December 11, 2002 we were informed that a letter was mailed on 5/23/02 requesting an FEI number for the entity. We never received the letter therefore, we request that the additional filing fee be waived. The FEI # for this entity is 01-0756482.

Sincerely,

A handwritten signature in black ink, appearing to read "Kolleen O.P. Cobb".

Kolleen O.P. Cobb  
General Counsel