

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90387 015 ***150.00

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AV

DOCUMENT # P02000100381

1. Entity Name
CODINA PBPOC, INC.



Principal Place of Business
**355 ALHAMBRA CIRCLE STE 900
CORAL GABLES FL 33134**

Mailing Address
**355 ALHAMBRA CIRCLE STE 900
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0588398

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COBB, KOLLEEN
355 ALHAMBRA CIRCLE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **CODINA, ARMANDO**
STREET ADDRESS **355 ALHAMBRA CIRCLE STE 900**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **Vice President, Secretary, Treasurer** Change Addition
NAME **Henry Deteler**
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **I** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Armando Codina** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President, Director** Change Addition
NAME **Armando Codina**
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President, Asst Secretary** Change Addition
NAME **Kolleen OB Cobb**
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **codina pbpoc, inc.**
Kolleen OB Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.03
Date

305 520 2300
Daytime Phone #

CR2E034 (10/02)