

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022789

1. Entity Name  
CODINA INVESTMENTS, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
04-30-2001 90351 032 \*\*\*150.00

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

Mailing Address  
2 ALHAMBRA PLAZA  
PENTHOUSE II  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

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  
City & State

4. FEI Number **65-0497761** Applied For  
Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
BEFELER, HENRY  
2 ALHAMBRA PLAZA  
PENTHOUSE II  
CORLA 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 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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CODINA, ARMANDO		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA, PH II		STREET ADDRESS	355 Alhambra Circle, Suite 900	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	STV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEFELER, HENRY		NAME		
STREET ADDRESS	TWO ALHAMBRA PLAZA PH2		STREET ADDRESS	355 Alhambra Circle, Suite 900	
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBB, KOLLEEN		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA., PH #2		STREET ADDRESS	355 Alhambra Circle, Suite 900	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CODINA, MARGARITA		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA., PH #2		STREET ADDRESS	355 Alhambra Circle, Suite 900	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kolleen P Cobb Kolleen P Cobb 4/9/01 305 520 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)