

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90298 020 ***150.00

DOCUMENT # P94000045785

1. Entity Name

COBB PA ACQUISITION CORP.

Principal Place of Business

% ANDREW WESTON
~~2333 PONCE DE LEON BLVD., PH 1100~~
CORAL GABLES FL 33134

Mailing Address

% ANDREW WESTON
~~2000 PONCE DE LEON BLVD., PH 1100~~
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

255 Aragon Avenue
Suite 333

255 Aragon Avenue
Suite 333

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTON, ANDREW

~~2333 PONCE DE LEON BLVD.~~
~~PH 1100~~
CORAL GABLES FL 33134

Name

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

255 Aragon Avenue, Suite 333
City Coral Gables FL Zip Code 33134

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

Andrew R. Weston

ANDREW R. WESTON

4/9/01

Signature, typed or printed name of registered agent and title if applicable.

(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 PCEO
NAME COBB, CHARLES E JR.
STREET ADDRESS ~~2333 PONCE DE LEON BLVD., PH 1111~~
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS 255 Aragon Ave, Suite 333 ☒ Change ☐ Addition
CITY-ST-ZIP Coral Gables FL 33134

TITLE D
NAME COBB, SUE M
STREET ADDRESS ~~2333 PONCE DE LEON BLVD., PH 1111~~
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS 255 Aragon Ave, Suite 333 ☒ Change ☐ Addition
CITY-ST-ZIP Coral Gables, FL 33134

TITLE VTS
NAME WESTON, ANDREW R
STREET ADDRESS ~~2333 PONCE DE LEON BLVD.~~
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS 255 Aragon Ave, Suite 333 ☒ Change ☐ Addition
CITY-ST-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Andrew R. Weston ANDREW R. WESTON

4/9/01

305 441 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)