

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90443 029 ***150.00

DOCUMENT # P94000051637

1. Entity Name

CODINA WEST DADE DEVELOPMENT CORP. NO. 2

Principal Place of Business

**TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134**

Mailing Address

**TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134**

00043774



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 **65-0504120**Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BEFELER, HENRY
TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134**

City

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

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

TITLE **DP** ☐ Delete
NAME **CODINA, ARMANDO M**
STREET ADDRESS **2 ALHAMBRA PLAZA, PENTHOUSE II**
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE **ST** ☐ Delete
NAME **BEFELER, HENRY**
STREET ADDRESS **% 2 ALHAMBRA PLAZA, PENTHOUSE II**
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, Florida 33134**TITLE **VST** ☒ Change ☐ Addition
NAME **Henry Befeler**
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, Florida 33134**TITLE ☐ Change ☒ Addition
NAME **v.p. AS**
STREET ADDRESS **Kolleen OP Cobb**
CITY-ST-ZIP **355 Alhambra Circle**
Coral Gables, FL 33134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kolleen OP Cobb

Date

4/9/01

Daytime Phone #

305-570-1200

CR2E034 (10/00)