

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0164557

**DOCUMENT # P95000091044**

1. Entity Name

**CODINA WEST DADE DEVELOPMENT CORP. NO. 4**

05-02-2001 90163 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**TWO ALHAMBRA PLAZA PH II  
 CORAL GABLES FL 33143**

**TWO ALHAMBRA PLAZA PH II  
 CORAL GABLES FL 33143**

**D0045760**



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 **65-0663622**

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

7. Name and Address of New Registered Agent

**BEFELER, HENRY  
 TWO ALHAMBRA PLAZA  
 PH II  
 CORAL GABLES FL 33143**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**355 Alhambra Circle, Suite 900  
 Coral Gables, Florida 33134**  
 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 \_\_\_\_\_ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P/D	<b>CODINA, ARMANDO</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH II</b>	STREET ADDRESS	<b>355 Alhambra Circle, Suite 900</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
STV	<b>BEFELER, HENRY</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH II</b>	STREET ADDRESS	<b>355 Alhambra Circle, Suite 900</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
V	<b>GIBSON, FORD</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>TWO ALHAMBRA PLAZA PH II</b>	STREET ADDRESS	<b>355 Alhambra Circle, Suite 900</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	CITY-ST-ZIP	<b>Coral Gables, Florida 33134</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> 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: \_\_\_\_\_

**HENRY BEFELER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01 305520 2300**  
 Date Daytime Phone #

CR2E034 (10/00)