

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90084 018 ***150.00

0160808

DOCUMENT # **P95000093498**

1. Entity Name
C&S REAL ESTATE DEVELOPMENT CORP.

Principal Place of Business

**8323 NW 12TH ST
 MIAMI FL 33126**

Mailing Address

~~2 ALHAMBRA PLAZA
 PH II
 CORAL GABLES FL 33134~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0703312**

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 C
 CODINA GROUP, INC.
 TWO ALHAMBRA PLAZA, PH2
 CORAL 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**
 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CODINA, ARMANDO 8323 N.W. 12TH STREET MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VAS Kaitlen Cobb 355 Alhambra Plaza, Suite 900 Coral Gables, Florida 33134

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 O'Connell Kolleen O'Connell 4/9/01 305 520 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)