

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000013063**

1. Entity Name

**CODINA GABLES GRAND, INC.****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90163 045 \*\*\*150.00

0162408

Principal Place of Business

**2 ALHAMBRA PLAZA  
PH-2  
CORAL GABLES FL 33134**

Mailing Address

**2 ALHAMBRA PLAZA  
PH-2  
CORAL GABLES FL 33134****00045756**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

City &amp; State

4. FEI Number **65-0789031**

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  
2 ALHAMBRA PLAZA  
PH-2  
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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CODINA, ARMANDO  
2 ALHAMBRA PLAZA, PH-2  
CORAL GABLES FL 33134** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**355 Alhambra Circle, Suite 900  
Coral Gables, Florida 33134** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GIBSON, O. FORD  
2 ALHAMBRA PLAZA, PH-2  
CORAL GABLES FL 33134** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**355 Alhambra Circle, Suite 900  
Coral Gables, Florida 33134** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTS  
BEFELER, HENRY  
2 ALHAMBRA PLAZA, PH-2  
CORAL GABLES FL 33134** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**355 Alhambra Circle, Suite 900  
Coral Gables, Florida 33134** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HENRY BEFELER 4/20/01 305 520 2300**

Date

Daytime Phone #

CR2E034 (10/00)