

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2001 90163 042 ***150.00

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DOCUMENT # P97000107180

1. Entity Name
CODINA WEST DADE DEVELOPMENT CORPORATION NO. 5

Principal Place of Business TWO ALHAMBRA PLAZA PENTHOUSE 2 CORAL GABLES FL 33134	Mailing Address TWO ALHAMBRA PLAZA PENTHOUSE 2 CORAL GABLES FL 33134
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00045759



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
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City & State	City & State	4. FEI Number 65-0809548	Applied For <input type="checkbox"/> 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 CFO
 CODINA GROUP, INC.
 TWO ALHAMBRA PLAZA, PH2
 CORAL GABLES FL 33134**

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODINA, ARMANDO TWO ALHAMBRA PLAZA, PH 2 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Armando Codina 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS Henry Befeler 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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* **HENRY BEFELER** 4/24/01 305 520 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #