

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107183

1. Entity Name *

P-95, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90046 005 ***158.75

Principal Place of Business

TWO ALHAMBRA PLAZA
PENTHOUSE 2
CORAL GABLES FL 33134

Mailing Address

TWO ALHAMBRA PLAZA
PENTHOUSE 2
CORAL GABLES FL 33134-5237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3490696**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE
200 S BISCAYNE BLVD
SUITE 4900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Henry Befeler

Street Address (P.O. Box Number is Not Acceptable)

Two Alhambra Plaza

PHII

City

Coral Gables,

FL

Zip Code

33134

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

4/7/00

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, 2000 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 ☐ Delete
NAME **D**
STREET ADDRESS **CODINA, ARMANDO**
CITY-ST-ZIP **TWO ALHAMBRA PLAZA, PH 2**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Armando Codina**
CITY-ST-ZIP **Two Alhambra Plaza, PH II**
Coral Gables, FL 33134

TITLE ☐ Change ☒ Addition
NAME **V/T/S**
STREET ADDRESS **Henry Befeler**
CITY-ST-ZIP **Two Alhambra Plaza, PH II**
Coral Gables, FL 33134

TITLE ☐ Change ☒ Addition
NAME **V/AS**
STREET ADDRESS **Kolleen Cobb**
CITY-ST-ZIP **Two Alhambra Plaza, PH II**
Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Henry Befeler

Date

Daytime Phone #

4/7/00 (305) 520-2300