

2001 UNIFORM BUSINESS REPORT-(UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 034 ***150.00

DOCUMENT # P97000107183

1. Entity Name
P-95, INC.

Principal Place of Business
**TWO ALHAMBRA PLAZA
PENTHOUSE 2
CORAL GABLES FL 33134**

Mailing Address
**TWO ALHAMBRA PLAZA
PENTHOUSE 2
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

4. FEI Number **59-3490696**

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
PHII
CORAL GABLES FL 33134**

Name

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE **VTS** ☐ Delete
NAME **BEFELER, HENRY**
STREET ADDRESS **TWO ALHAMBRA PLAZA, PH 2**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE **VAS** ☐ Delete
NAME **COBB, KOLLEEN**
STREET ADDRESS **TWO ALHAMBRA PLAZA, PH 2**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, Florida 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Kolleen O.P. Cobb

4/9/01

Date

305 520 2300

Daytime Phone #

CR2E034 (10/00)