

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 017 ***150.00

0160671

DOCUMENT # P98000019184

1. Entity Name

P-95/GO, INC.

Principal Place of Business

Mailing Address

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

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

753243

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**



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0823085**

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, CFO, HENRY
 CODINA GROUP, INC
 TWO ALHAMBRA PLAZA PH2
 CORAL GABLES FL 33133**

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Patricia Blasi**
 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

TITLE Delete
 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

Kolleen Cobb Kolleen O Cobb

Date

4/09/01

Daytime Phone #

305 570 2300

CR2E034 (10/00)