

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019186

1. Entity Name

P-95 SPEC, INC.

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

04-30-2001 90443 031 ***150.00

Principal Place of Business

TWO ALHAMBRA PLAZA
PENTHOUSE 2
CORAL GABLES FL 33134

Mailing Address

TWO ALHAMBRA PLAZA
PENTHOUSE 2
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

Suite, Apt. #, etc.

355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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

TITLE **D** ☐ Delete
NAME **CODINA, ARMANDO**
STREET ADDRESS **TWO ALHAMBRA PLAZA, PENTHOUSE 2**
CITY-ST-ZIP **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 **PD** ☒ Change ☐ Addition
NAME **Armando Codina**
STREET ADDRESS **355 Alhambra Circle, Suite 900**
CITY-ST-ZIP **Coral Gables, Florida 33134**

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

TITLE **V AS** ☐ Change ☒ Addition
NAME **Kellen...**
STREET ADDRESS **355 Alhambra Circle, Suite 900, Coral Gables, FL**
CITY-ST-ZIP **33134**

TITLE **V...** ☐ Change ☒ Addition
NAME **355 Alhambra Circle Ste 900**
STREET ADDRESS **Coral Gables, FL 33134**
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

Date

Daytime Phone #

CR2E034 (10/00)