

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2000 90034 001 ***158.75

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1. Entity Name

CODINA WEST DADE DEVELOPMENT CORP. NO.6

Principal Place of Business

2 ALHAMBRA PLAZA, PH II
 CORAL GABLES FL 33143

Mailing Address

2 ALHAMBRA PLAZA, PH II
 CORAL GABLES FL 33134-5202

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

65-0859399

Applied For

Not Applicable

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
2 ALHAMBRA PLAZA, PH II
CORAL GABLES FL 33143

Name

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	CODINA, ARMANDO	2 ALHAMBRA PLAZA, PH II	CORAL GABLES FL 33143	<input type="checkbox"/>
VPST	BEFELER, HENRY	2 ALHAMBRA PLAZA, PH II	CORAL GABLES FL 33143	<input type="checkbox"/>
VP	GIBSON, O. FORD	2 ALHAMBRA PLAZA, PH II	CORAL GABLES FL 33143	<input type="checkbox"/>
VP	ROMERO, RAFAEL	2 ALHAMBRA PLAZA, PH II	CORAL GABLES FL 33143	<input type="checkbox"/>
VP	SWANSON, ERIC D	2 ALHAMBRA PLAZA, PH II	CORAL GABLES FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V/AS	Kolleen Cobb	Two Alhambra Plaza, PH II	Coral Gables, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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

Daytime Phone #

4/17/00 (305) 520-2300