

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90155 031 ***150.00

DOCUMENT # P98000057743

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 33143
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2. Principal Place of Business 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	3. Mailing Address State, Apt. #, etc. 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
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City & State	City & State	4. FEI Number 65-0859399	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BEFELER, HENRY
 2 ALHAMBRA PLAZA, PH II
 CORAL GABLES FL 33143**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CODINA, ARMANDO 2 ALHAMBRA PLAZA, PH II CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BEFELER, HENRY 2 ALHAMBRA PLAZA, PH II CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, O. FORD 2 ALHAMBRA PLAZA, PH II CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, RAFAEL 2 ALHAMBRA PLAZA, PH II CORAL GABLES FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWANSON, ERIC D 2 ALHAMBRA PLAZA, PH II CORAL GABLES FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS COBB, KOLLEEN TWO ALHAMBRA PLAZA, PH II CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134

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: Kolleen Cobb Kolleen of Cobb 4/9/01 3055202300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)