

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060972

1. Entity Name
355 ALHAMBRA CORP.

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

04-30-2001 90351 030 ***150.00

Principal Place of Business
2 ALHAMBRA PLAZA PH #2
CORAL GABLES FL 33134

Mailing Address
2 ALHAMBRA PLAZA PH #2
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0865575**

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
2 ALHAMBRA PLAZA PH #2
CORAL GABLES FL 33134

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 _____ (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 **DP**
STREET ADDRESS **CODINA, ARMANDO**
CITY-ST-ZIP **2 ALHAMBRA PLAZA PH #2**
CORAL GABLES FL 33134

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

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

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

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

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

TITLE ☐ Delete
NAME **VAS**
STREET ADDRESS **FORD, GIBSON O**
CITY-ST-ZIP **2 ALHAMBRA PLAZA PH #2**
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME **Ford, Gibson O**
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: Kolleen O Cobb Kolleen O Cobb 4/9/01 305520-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)