

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2001 90155 030 ***150.00

DOCUMENT # P98000095249

1. Entity Name

CODINA WEST DADE DEVELOPMENT CORP. NO. 7

Principal Place of Business

**TWO ALHAMBRA PLAZA, PH II
 CORAL GABLES FL 33143**

Mailing Address

**TWO ALHAMBRA PLAZA, PH II
 CORAL GABLES FL 33143**

2. Principal Place of Business

3. Mailing Address

**355 Alhambra Circle, Suite 900
 Coral Gables, Florida 33134**

**355 Alhambra Circle, Suite 900
 Coral Gables, Florida 33134**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0879801**

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
 TWO ALHAMBRA PLAZA, PH II
 CORAL GABLES FL 33143**

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.

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CODINA, ARMANDO TWO ALHAMBRA PLAZA, PH II CORAL GABLES FL 33143	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	<input type="checkbox"/> Delete VTS BEFELER, HENRY TWO ALHAMBRA PLAZA, PH II CORAL GABLES FL 33143	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	<input 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	<input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

HENRY BEFELER

4/24/01

Date

305 520-2300

Daytime Phone #

CR2E034 (10/00)