

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 990000 89342**
 1. Entity Name
CODINA HOLDINGS WESTON, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 17 PM 1:04

Principal Place of Business Mailing Address
2 ALHAMBRA PLAZA PH #2 **SAME**
CORAL GABLES, FL. 33134

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
 4. FEI Number **65-0953319** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~BEEFELER, HENRY~~
CODINA GROUP INC.
2 ALHAMBRA PLAZA
PH #2 CORAL GABLES, FL. 33134

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

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	
TITLE C/O	<input type="checkbox"/> Delete
NAME CODINA, ARMANDO	
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE P	<input type="checkbox"/> Delete
NAME GIBSON, O. FORD	
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE V/T IS	<input type="checkbox"/> Delete
NAME BEEFELER, HENRY	
STREET ADDRESS 2 ALHAMBRA PLAZA, PH #2	
CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Henry Befelder **6/5/00** **(305) 520-2300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HENRY BEEFELER, VP

CR2E034 (9/99)