

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089342

1. Entity Name

CODINA HOLDINGS WESTON, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 035 ***150.00

0161837

Principal Place of Business

2 ALHAMBRA PLAZA
PH #2
CORAL GABLES FL 33134

Mailing Address

2 ALHAMBRA PLAZA
PH #2
CORAL GABLES FL 33134

2. Principal Place of Business

355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134

3. Mailing Address

355 Alhambra Circle, Suite 900
Coral Gables, Florida 33134



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0953319

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

BEFELER, HENRY
CODINA GROUP INC.
2 ALHAMBRA PLAZA
CORAL GABLES FL 33134

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CODINA, ARMANDO 2 ALHAMBRA PLAZA, PH 2 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBSON, O FORD 2 ALHAMBRA PLAZA, PH #2 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BEFELER, HENRY 2 ALHAMBRA PLAZA, PH#2 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Kolleen OP Cobb 355 Alhambra Circle, Suite 900 Coral Gables, Florida 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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

Kolleen OP Cobb

4/9/01

305 520 2300

Date Daytime Phone #

CR2E034 (10/00)