

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90351 036 \*\*\*150.00

DOCUMENT # P99000100243

1. Entity Name

C/WDL, INC.

Principal Place of Business

TWO ALHAMBRA PLAZA, PENTHOUSE 2  
CORAL GABLES FL 33134

Mailing Address

TWO ALHAMBRA PLAZA, PENTHOUSE 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

City & State

City & State

4. FEI Number

65-0978261

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 II  
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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME CODINA, ARMANDO  
STREET ADDRESS TWO ALHAMBRA PLAZA, PENTHOUSE 2  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition  
NAME Rafael Rodon  
STREET ADDRESS 355 Alhambra Circle, Suite 900  
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kolleen O Cobb

4/9/01

Daytime Phone #

CR2E034 (10/00)