

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90039 022 ***150.00

0215382
 AV

DOCUMENT # P99000100243

1. Entity Name
CWDL, INC.

Principal Place of Business
**355 ALHAMBRA CIRCLE, SUITE 900
 CORAL GABLES FL 33134**

Mailing Address
**355 ALHAMBRA CIRCLE, SUITE 900
 CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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
 355 ALHAMBRA CIRCLE, SUITE 900
 CORAL GABLES FL 33134**

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

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, 2002 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: **PD** ☐ Delete
 NAME: **CODINA, ARMANDO**
 STREET ADDRESS: **355 ALHAMBRA CIRCLE, SUITE 900**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: **Vice President** ☐ Change ☒ Addition
 NAME: **Forrest Robinson**
 STREET ADDRESS: **355 Alhambra Circle, Suite 900**
 CITY-ST-ZIP: **Coral Gables, FL 33134**

TITLE: **VPST** ☐ Delete
 NAME: **BEFELE, HENRY**
 STREET ADDRESS: **355 ALHAMBRA CIRCLE, SUITE 900**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VP** ☐ Delete
 NAME: **GIBSON, D. FORD**
 STREET ADDRESS: **355 ALHAMBRA CIRCLE, SUITE 900**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VPAS** ☐ Delete
 NAME: **COBB, KOLLEEN**
 STREET ADDRESS: **355 ALHAMBRA CIRCLE, SUITE 900**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VP** ☒ Delete
 NAME: **BLASI, PATRICIA**
 STREET ADDRESS: **355 ALHAMBRA CIRCLE, SUITE 900**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VP** ☐ Delete
 NAME: **RODON, RAFAEL**
 STREET ADDRESS: **355 ALHAMBRA CIRCLE, SUITE 900**
 CITY-ST-ZIP: **CORAL GABLES FL 33134**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ 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: **S. J. [Signature]** **JOIRE Vice President** **4.2.02** **305 520 2300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)