

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2001 90163 043 ***150.00

0159718

DOCUMENT # S49997

1. Entity Name
CODINA CONSULTING, INC.

Principal Place of Business

Mailing Address

**TWO ALHAMBRA PLAZA
 PENTHOUSE II
 CORAL GABLES FL 33134**

**TWO ALHAMBRA PLAZA
 PENTHOUSE II
 CORAL GABLES FL 33134**

00045758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.
**355 Alhambra Circle, Suite 900
 Coral Gables, Florida 33134**

Suite Apt. #, etc.
**355 Alhambra Circle, Suite 900
 Coral Gables, Florida 33134**

City & State

City & State

4. FEI Number **65-0268540**

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
 TWO ALHAMBRA PLAZA
 PENTHOUSE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	CODINA, ARMANDO	TWO ALHAMBRA PLAZA PH II	CORAL GABLES FL	<input type="checkbox"/>
PD	RODON, RAFAEL	TWO ALHAMBRA PLAZA PH II	CORAL GABLES FL	<input type="checkbox"/>
VTS	BEFELER, HENRY	TWO ALHAMBRA PLAZA PH II	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Armando Codina	355 Alhambra Circle, Suite 900	Coral Gables, Florida 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Rafael Rodon	355 Alhambra Circle, Suite 900	Coral Gables, Florida 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPAS	Kolleen Cobb	355 Alhambra Circle, Suite 900	Coral Gables, Florida 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

305 520 2300

Date

Daytime Phone #

CR2E034 (10/00)