

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90037 015 \*\*\*150.00

DOCUMENT # F98000003670

1. Entity Name  
**UBS AG MIAMI AGENCY**

Principal Place of Business <b>701 BRICKELL AVENUE., SUITE 3250          MIAMI FL 33131</b>	Mailing Address <b>701 BRICKELL AVENUE., SUITE 3250          MIAMI FL 33131</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>98-0186363</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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	<b>MD CAPONE, RICHARD 299 PARK AVENUE NEW YORK NY 10171</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD DINERSTEIN, ROBERT 299 PARK AVENUE NEW YORK NY 10171</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED EBER, LOUIS 299 PARK AVENUE NEW YORK NY 10171</b> <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	<input type="checkbox"/> Change <input 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	<b>Managing Director Eber, Louis 299 Park Avenue New York, NY 10171</b> <input checked="" type="checkbox"/> Change <input 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
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:

*Louis Eber*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Louis Eber**

**4/19/01**

Date

Daytime Phone #

CR2E034 (10/00)



Attachment

UBS AG  
Stamford Branch  
677 Washington Boulevard  
Stamford, CT 06901  
Telephone 203 719-3000  
www.ubswarburg.com

825381

April 19, 2001

# 38 00000 3670

**VIA FEDERAL EXPRESS**

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: UBS AG Miami Agency

Gentlemen:

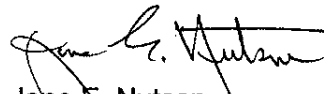
Enclosed please find the State of Florida's 2001 Uniform Business Report for the above-referenced corporation for filing. Attached is check #515905 in the amount of \$150.00 to cover the required filing fee.

Please file the enclosed document as soon as possible. Please have the duplicate copy of the report stamped with the filing date and return it to the attention of the undersigned as evidence of filing.

If you have any questions concerning the enclosed filing, please contact the undersigned at 203-719-8944.

Your attention to this matter is greatly appreciated.

Very truly yours,

  
Jane E. Nutson  
Legal Assistant

Encs.