


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90090 043 ****50.00

DOCUMENT # L01000011010

1. Entity Name
U.T.P., LLC



Principal Place of Business
**2655 LEJEUNE ROAD, SUITE 315
CORAL GABLES FL 33134**

Mailing Address
**11150 SW 160 CT
MIAMI FL 33196**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-1133703**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, JORGE
2655 LEJEUNE ROAD, SUITE 315
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NEWTON, MARK	
STREET ADDRESS	24245 WILDERNESS OAK, #903	
CITY-ST-ZIP	SAN ANTONIO TX 78258	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NEWTON, DON	
STREET ADDRESS	P.O. BOX 1407	
CITY-ST-ZIP	DEL RIO TX 78841	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ELDER, JOE	
STREET ADDRESS	P.O. BOX 1239	
CITY-ST-ZIP	UVALDE TX 78802	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANTONIO RODRIGUES GUAJARDO	
STREET ADDRESS	15 PEPPER LANE	
CITY-ST-ZIP	DEL RIO TX 78840	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JORGE	
STREET ADDRESS	11150 SW 160TH CT.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

1/18/03 305 495-3017

DATE Daytime Phone #

CR2E083 (10/02)