

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90080 032 \*\*\*\*50.00

**DOCUMENT # L01000018411**

**1. Entity Name**  
**UTF WILES L.L.C.**

**Principal Place of Business**

**701 BRICKELL AVENUE**  
**MIAMI FL 33131-2851**

**Mailing Address**

**701 BRICKELL AVENUE**  
**MIAMI FL 33131-2851**

**2. Principal Place of Business**

Suite, Apt. #, etc.

# 1300

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

36-4476618

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional Fee Required**

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

**NOLAN, JAMES Q**  
**701 BRICKELL AVENUE**  
**MIAMI FL 33131-2851**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** President  
**NAME** SLOVEY DOMB  
**STREET ADDRESS** 701 Brickell Avenue #1300  
**CITY-ST-ZIP** MIAMI, FLORIDA 33131 ☐ Delete

**TITLE** Exec. V.P.  
**NAME** JAMES NOLAN  
**STREET ADDRESS** 701 Brickell Ave. #1300  
**CITY-ST-ZIP** Miami, Fla. 33131 ☐ Delete

**TITLE** V.P.  
**NAME** Fred Berliner  
**STREET ADDRESS** 701 Brickell Ave #1300  
**CITY-ST-ZIP** Miami ☐ Delete

**TITLE** Lillian Berliner Treas  
**NAME** 701 Brickell Avenue #1300  
**STREET ADDRESS** Miami, Fla. 33131 ☐ Delete

**TITLE** Sec  
**NAME** George Berliner  
**STREET ADDRESS** 701 Brickell Ave #1300  
**CITY-ST-ZIP** Miami, Florida 33131 ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**10. ADDITIONS/CHANGES**

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

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

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

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

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

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

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)