

# 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

3. Mailing Address

Suite, Apt. #, etc.  
**# 1300**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-4476618**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE  Delete  
**President**  
**SLONEY DOMB**  
**701 Brickell Avenue #1300**  
**MIAMI, FLORIDA 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**Exec. V.P.**  
**JAMES NOLAN**  
**701 Brickell Ave. #1300**  
**Miami, Fla. 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**V.P.**  
**Fred Bertner**  
**701 Brickell Ave #1300**  
**Miami**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**Lillian Bertner Treas**  
**701 Brickell Avenue #1300**  
**Miami, Fla. 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**Sec**  
**Georgie Berlin**  
**701 Brickell Ave #1300**  
**MIAMI, FLORIDA 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 REQUIRED**  
*James Nolan*

*1/28/02*

*305-358-7711*

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

Date

Daytime Phone #

CR2E083 (9/01)