

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90031 037 \*\*\*\*50.00

**DOCUMENT # L01000018411**

1. Entity Name

**UTF WILES L.L.C.**



Principal Place of Business

**701 BRICKELL AVENUE  
STE 1300  
MIAMI FL 33131-2851**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **SIDNEY, D**  
STREET ADDRESS **701 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **VP** ☐ Delete  
NAME **JAMES, NOLAN**  
STREET ADDRESS **701 BRICKELL AVENUE**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **VP** ☐ Delete  
NAME **FRED, BERLEAR**  
STREET ADDRESS **701 BRICKELL AVEN STE 1300**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **T** ☐ Delete  
NAME **LILLIAN, BERLINER**  
STREET ADDRESS **701 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **S** ☐ Delete  
NAME **GEROGE, BERLINER**  
STREET ADDRESS **701 BRICKELL AVE STE 1300**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition  
NAME **George Berliner**  
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:

*Lillian Berliner*

2/3/03

305-558-7711

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

Date

Daytime Phone #

CR2E083 (10/02)