

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001354

1. Entity Name

WILEN I.Y.M., L.C.

Principal Place of Business

135 OVAL DRIVE  
ISLANDIA NY 11722

Mailing Address

135 OVAL DRIVE  
ISLANDIA NY 11722-1402

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

11-3354584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILEN, RICHARD  
3333 SOUTHWEST 15TH STREET  
DEERFIELD BEACH FL 33442

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM WILEN, RICHARD  
STREET ADDRESS 135 OVAL DRIVE  
CITY-ST-ZIP ISLANDIA NY 11722 ☐ Delete

TITLE NAME MGRM WILEN, DARRIN  
STREET ADDRESS 135 OVAL DRIVE  
CITY-ST-ZIP ISLANDIA NY 11722 ☐ Delete

TITLE NAME MGRM WILEN, CORY  
STREET ADDRESS 135 OVAL DRIVE  
CITY-ST-ZIP ISLANDIA NY 11722 ☐ Delete

TITLE NAME MGRM DIAZ, JOHN  
STREET ADDRESS 135 OVAL DRIVE  
CITY-ST-ZIP ISLANDIA NY 11722 ☐ Delete

TITLE NAME MGRM WILEN, KEVIN  
STREET ADDRESS 3333 SW 15TH STREET  
CITY-ST-ZIP DEERFIELD FL ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐  
STREET ADDRESS  
CITY-ST-ZIP  
5000003113385--8  
-01/27/00--01/27/00  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐  
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** DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/2/06

Date

631-439-5000

Daytime Phone #