

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:48

DOCUMENT # **M02250** (2)

1. Corporation Name

FLORIDA UTF, INC.

Principal Place of Business

**701 BRICKELL AVE. #1300
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE. #1300
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1984	3a. Date of Last Report 02/28/1994
4. FEI Number 59-2429765	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.01, Florida Statutes ☒ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**NOLAN, JAMES Q.
701 BRICKELL AVENUE
SUITE 1300
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent is printed below of registered agent and for each change of agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND FORMER OFFICERS	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	NOLAN, JAMES Q.	2. NAME	
STREET ADDRESS	701 BRICKELL AVE.	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	DOMB, SIDNEY	22. NAME	
STREET ADDRESS	701 BRICKELL AVE	23. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.01(4)(b), Florida Statutes. I further certify that the information included in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1207, Florida Statutes, and that my name appears in Block 12 or Block 23 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Q. Nolan 1/31/95 (305) 358-7711