

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90336 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N00000001474</b>			
1. Entity Name <b>WENDY'S MIAMI ADVERTISING CO-OP., INC.</b>			
Principal Place of Business <b>WENDY'S INTERNATIONAL INC. P O BOX 21463 TAMPA FL 33622-1463</b>		Mailing Address <b>WENDY'S INTERNATIONAL INC. P O BOX 21463 TAMPA FL 33622-1463</b>	
2. Principal Place of Business <b>Wendys Miami Adv Co-op, Inc</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>Post Office Box 21463</b>		Suite, Apt. #, etc.	
City & State <b>Tampa, FL</b>		City & State	
Zip <b>33622 1463</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LANIGAN, DAVID C 10927 NORTH 56TH ST. TEMPLE TERRACE FL 33617</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>DOMINGUEZ, RAUL</b> STREET ADDRESS <b>12125 S.W. 46TH ST.</b> CITY-ST-ZIP <b>MIAMI FL 33175</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>GONZALEZ, ED</b> STREET ADDRESS <b>14834 S.W. 67TH LANE</b> CITY-ST-ZIP <b>MIAMI FL 33193</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>CIVERA, MIGUEL</b> STREET ADDRESS <b>12060 S.W. 99TH ST.</b> CITY-ST-ZIP <b>MIAMI FL 33186</b>		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Ken Lorient</b> STREET ADDRESS <b>16860 Southwest 1st Manor</b> CITY-ST-ZIP <b>Pembroke Pines, FL 33027</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: <b>Catalino E. Gonzalez</b>		Date <b>4-1-02</b> Daytime Phone # <b>305-790-6898</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/01)