## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000104236** 1. Entity Name TRG WILES-BUTLER, INC.

## Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90081 005 \*\*\*158.75 Mailing Address Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145-3214 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0893394 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, ANGAL Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY **PENTHOUSE** MIAMI FL 33145 Zip Code City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE Delete TITLE PEREZ, JORGE M NAME NAME 2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33145** ☐ Delete TITLE ☐ Change Addition TITLE ROCHA, ROBERTO NAME NAME 2828 CORAL WAY PHI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Change Addition ☐ Delete TITLE TITLE HERNANDEZ, ANGEL NAME NAME STREET ADDRESS 2828 CORAL WAY STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE CHESNICK, ANDREW NAME NAME STREET ADDRESS 2828 CORAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Her, Matthew ☐ Delete TITLE 7171 F NAME 2828 Coral Way Minni, F1 33145 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

Delete

☐ Change

☐ Addition

FILED