## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 531577** 

**Entity Name: UTF CORPORATION** 

**Current Principal Place of Business:** 

2 ALHAMBRA PLAZA SUITE 1240

CORAL GABALES, FL 33134

## **Current Mailing Address:**

2 ALHAMBRA PLAZA SUITE 1240 CORAL GABLES, FL 33134 US

FEI Number: 59-1734093 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BERLINER, FRED
2 ALHAMBRA PLAZA
SUITE 1240
CORAL GARLES EL 331

CORAL GABLES, FL 33134 US

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: FRED BERLINER 02/16/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title SD

NameBERLINER, GEORGENameBERLINER, LILLIANAddress2 ALHAMBRA PLAZAAddress2 ALHAMBRA PLAZA

SUITE 1240 SUITE 1240

City-State-Zip: CORAL GABALES FL 33134 City-State-Zip: CORAL GABALES FL 33134

Title PRESIDENT Title EVP

Name BERLINER, FRED Name NOLAN, JAMES

Address 2 ALHAMBRA PLAZA Address 2 ALHAMBRA PLAZA Address

SUITE 1240 SUITE 1240

City-State-Zip: CORAL GABALES FL 33134 City-State-Zip: CORAL GABALES FL 33134

Title VP

Name DOMB, PAUL

Address 2 ALHAMBRA PLAZA

**SUITE 1240** 

City-State-Zip: CORAL GABALES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED BERLINER

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

02/16/2017

FILED Feb 16, 2017

**Secretary of State** 

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