

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90208 014 ***150.00

DOCUMENT # 205918

1. Entity Name
MIAMI TRANSFER COMPANY, INC.

Principal Place of Business
 10340 N.W. 37TH AVENUE
 P.O. BOX 680579
 MIAMI FL 33168-0579

Mailing Address
 10340 N.W. 37TH AVENUE
 P.O. BOX 680579
 MIAMI FL 33168-0579

2. Principal Place of Business

3. Mailing Address

PO BOX 680-579

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33168-0579 U.S.A

4. FEI Number 59-0822319

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTHET, PATRICK C ESQ
 200 S. BISCAYNE BLVD
 STE 1800
 MIAMI FL 33131

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME OLIVER, SHERRILL
STREET ADDRESS 2300 INDIAN CREEK BLVD., WEST., APT. C117
CITY-ST-ZIP VERO BEACH FL 32966

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

TITLE D ☐ Delete
NAME EUERINGHAM, PHILIP D
STREET ADDRESS 2602 SAN DOMINGO ST
CITY-ST-ZIP CORAL GABLES FL

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

TITLE D ☐ Delete
NAME UTVICH, DAVID
STREET ADDRESS 1368 HIBISCUSS AVE.
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE DP ☐ Delete
NAME UTVICH, MICHAEL
STREET ADDRESS 10340 N.W. 37TH AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE CST ☐ Delete
NAME UTVICH, LORNA RANDALL
STREET ADDRESS 10340 N.W. 37TH AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME UTVICH, DARYL
STREET ADDRESS PO BOX 622462
CITY-ST-ZIP ORLANDO FL 32862

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL UTVICH

4/29/02 305/688-2222

CR2E034 (9/01)