

2005-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90107 048 ***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

P.O. BOX 680-520
MIAMI FL 33168-0520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **McDONALD & Mc DONALD**
Street Address (P.O. Box Number is Not Acceptable)
1393 S.W. FIRST STREET
SUITE 200
City **MIAMI** FL **33135-2386**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David McDonald

(NOTE: Registered Agent signature required when reinstating)

4/29/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	UTVICH, MICHAEL	
STREET ADDRESS	10340 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL 33147-1019	
TITLE	CST RS	<input type="checkbox"/> Delete
NAME	UTVICH, LORNA RANDALL	
STREET ADDRESS	131 N.W. LEJUNE	
CITY-ST-ZIP	MIAMI FL 33054-4435	
TITLE	UTVICH GREGORY T.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UTVICH GREGORY T.	
STREET ADDRESS	131 N.W. LEJUNE	
CITY-ST-ZIP	MIAMI, FLA 33054-4435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Michael Utvich MICHAEL UTVICH C.E.O. 4/27/05 305-688-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #