

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91434 002 ***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
U.S.A.

Mailing Address
P.O. BOX 680579
MIAMI FL 33168-0579
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0822319**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 & MCDONALD**
Street Address (P.O. Box Number is Not Applicable)
1393 S.W. FIRST STREET
SUITE 200
City **MIAMI, FLORIDA**, Zip Code **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, Sr. David McDonald 3/11/03
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
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, SHERRILL	
STREET ADDRESS	2300 INDIAN CREEK BLVD., WEST., APT. C117	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EUERINGHAM, PHILIP D	
STREET ADDRESS	2602 SAN DOMINGO ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UTVICH, DAVID	
STREET ADDRESS	1368 HIBISCUSS AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DP	<input type="checkbox"/> Delete
NAME	UTVICH, MICHAEL	
STREET ADDRESS	10340 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CST	<input checked="" type="checkbox"/> Delete
NAME	UTVICH, LORNA RANDALL	
STREET ADDRESS	10340 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UTVICH, DARYL	
STREET ADDRESS	PO BOX 622462	
CITY-ST-ZIP	ORLANDO FL 32862	

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		
TITLE	CST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UTVICH, GREGORY T.	
STREET ADDRESS	131 N.W. LEJEUNE	
CITY-ST-ZIP	MIAMI, FLORIDA 33054-4435	
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, CEO 4/18/03 305/688-2222
Signature, typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/02)