

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F03000004925

1. Entity Name
UMI INTERNATIONAL, INC.



Principal Place of Business
1 ALHAMBRA PLAZA, 725
CORAL GABLES, FL 33134

Mailing Address
1 ALHAMBRA PLAZA, 725
CORAL GABLES, FL 33134

FILED

05 APR 15 AM 11:29



04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0305374

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCO, JOSE
1 ALHAMBRA PLAZA, 725
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME BLANCO, JOSE L
STREET ADDRESS 1 ALHAMBRA PLAZA, 725
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VID
NAME Mark Blanco
STREET ADDRESS 1 Alhambra Plaza, 725
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

800053933868
05/06/05--01008--015 **150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/14/05 305-442-0038