

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M24207

1. Entity Name
MIAMI INTERNATIONAL COURIER ASSOCIATION, INC.



Principal Place of Business
**BLDG. 1011/3450 N.W. 62ND AVENUE
MIAMI INT'L AIRPORT
MIAMI, FL 33122 US**

Mailing Address
**P.O. BOX 526644
MIAMI, FL 33152 US**



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2607930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BELLO, MICHAEL M
3450 NW 62ND AVE
BLDG 1011MIA
MIAMI, FL 33122**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, IAN 2250 NW 84TH AVE, STE 203 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTEIRO, FRANCISCO 701 WATERFORD WAY, STE 1000 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATRIZIO, ANGELO 8401 NW 17TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/05-80059-024 150.00

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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:

Angelo Patrizio **ANGELO PATRIZIO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 4, 2005
Date

Daytime Phone #