

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000024251

1. Entity Name  
UMI INVESTMENTS 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 11:27  
TALLAHASSEE, FLORIDA



04142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1099483

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BLANCO, JOSE L  
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 \_\_\_\_\_ (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	PD BLANCO, JOSE L 1 ALHAMBRA PLAZA, 725 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Mark Blanco 1 Alhambra Plaza, 725 Coral Gables, FL 33134
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700053932547  
05/06/05--01007--005 \*\*150.00

**DO NOT WRITE  
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 and all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 305-442-0038  
Date Daytime Phone #