

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

2/3

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90011 027 \*\*\*150.00

**DOCUMENT # P97000102961**

1. Entity Name  
**UTC MANAGEMENT, INC.**



Principal Place of Business  
**8950 N.W. 79TH AVENUE  
MIAMI, FL 33166**

Mailing Address  
**8950 N.W. 79TH AVENUE  
MIAMI, FL 33166**

**66003499**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0809596**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCZZAYANPOUR, ALI  
8950 N.W. 79TH AVENUE  
MIAMI, FL 33166**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MOZZAYANPOUR, ALI
STREET ADDRESS	8950 N.W. 79TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	V
NAME	CANAL, JOSE A
STREET ADDRESS	8950 N.W. 79TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	P
NAME	MONTES, GERONIMO
STREET ADDRESS	8950 N.W. 79TH AVENUE
CITY- ST- ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

02-23-06

Date

(305) 885-  
3900

Daytime Phone



ATTACHMENT

66803499

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

UTC MANAGEMENT, INC.  
8950 N.W. 79TH AVENUE  
MIAMI, FL 33166

Subject: UTC MANAGEMENT, INC.

Reference Number:

P97000102961

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION