

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 29 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200005491542--4  
-05/08/02--01031--017  
\*\*\*\*300.00 \*\*\*\*300.00

**DOCUMENT #** P97000009871  
1. Entity Name  
**C & M MEDICAL SYSTEMS, INC**

Principal Place of Business      Mailing Address  
6555 NW 36 STREET      6555 NW 36 STREET  
SUITE 201D      SUITE 211  
MIAMI, FL 33166      MIAMI, FL 33166

2. Principal Place of Business      3. Mailing Address  
4728 NW 114 AVENUE      4728 NW 114 Avenue

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
UNIT 102      Unit 102

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
MIAMI, FL      Miami, FL      65-0724793      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
33178      U.S.      33178      U.S.            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

MOREIRA, ALEXANDER M.  
4728 NW 114 AVENUE, UNIT 102  
MIAMI, FL 33178

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALEXANDER M. MOREIRA 6555 NW 36 STREET, STE 201D MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALEXANDER M. MOREIRA 4728 NW 114 AVENUE, UNIT 102 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or in 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 #

CR2E034 (1/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P97000009871  
**1. Entity Name**

**C & M MEDICAL SYSTEMS, INC**

<b>Principal Place of Business</b> 6555 NW 114 36 STREET SUITE 201D MIAMI, FL 33166	<b>Mailing Address</b> 6555 NW 36 STREET SUITE 211 MIAMI, FL 33166
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<b>2. Principal Place of Business</b> 4728 NW 114 AVENUE Suite, Apt. #, etc. UNIT 102 City & State MIAMI, FL	<b>3. Mailing Address</b> 4728 NW 114 AVENUE Suite, Apt. #, etc. Unit 102 City & State Miami, FL
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0724793	<b>Applied For</b> <input type="checkbox"/> Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MOREIRA, ALEXANDER M. 4728 NW 114 AVENUE, UNIT 102 MIAMI, FL 33178	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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.

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

**C & M MEDICAL SYSTEMS, INC.**  
**4728 NW 114<sup>TH</sup> AVENUE, UNIT 102**  
**MIAMI, FL 33178**

January 30, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:


Please be advised that we did not receive the 2001 Uniform Business Report.

We realized that your office had an incorrect mailing address for us and that the form was returned to you by the post office.

Enclosed, please find the 2001 Uniform Business Report as well as the one for the current year, along with the corresponding payments.

Thank you for your cooperation on this matter.

Sincerely,

  
Alexander M. Moreira  
President