

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89633

1. Entity Name

C.N.C. MEDICAL, CORP.

P

Principal Place of Business

7480 S.W. 121 COURT
MIAMI FL 33183

Mailing Address

7480 S.W. 121 COURT
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0120692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABRERA, RAUL D.
4201 SW 11 ST
MIAMI FL 33134

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | D CONTRERAS, CARLOS S. 4201 SW 11 ST MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONTRERAS, T. NATACHA 4201 SW 11 ST MIAMI FL | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7480 SW 121 CT MIAMI, FL 33183 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7480 SW 121 CT MIAMI FL 33183 | |
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| | |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/00

(954) 410-0875

Daytime Phone # (305) 595-4440 Home

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90053 001 ***150.00

00070000



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment
DH 189633
DW 78380

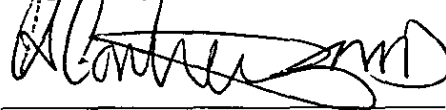
Carlos S. Contreras
7480 S.W. 121 Court
Miami, Florida 33183
August 7, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Dear Sir,

I just received a second notice to file my Uniform Business Report on Friday 8/04/2000. I never received a first notice. I called your department yesterday and was instructed to write this letter of explanation, and told to include a \$150.00 check payable to "Department of State." Thank you. Have a pleasant day.

Respectfully,

A handwritten signature in black ink, appearing to read 'Carlos S. Contreras', written over a horizontal line.

Carlos S. Contreras