

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19946

1. Entity Name

COMPREHENSIVE MEDICAL MANAGEMENT SERVICES, INC.

Principal Place of Business

600 W 20TH ST.
1200 PONCE DE LEON BLVD
HIALEAH FL 33010
US

Mailing Address

590 WEST 20 ST
HIALEAH FL 33010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRACERAS, WILFRED
590 W 20TH ST.
HIALEAH FL 33010

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 \$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	PSTD BRACERAS, WILFRED 590 W 20TH ST HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wilfred Bracer WILFRED BRACERAS, PRESIDENT (305)863-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/01

Date

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90336 018 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)