

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2003 8:00 am
Secretary of State

5/1.

05-13-2003 90055 025 ***150.00

DOCUMENT # **P00000002522** (L)

1. Entity Name
CM MEDICAL ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1840 W. 49th St

Suite, Apt. #, etc.
711

City & State
Hialeah FL.

Zip
33012

Country
DADE

3. Mailing Address
8145 N.W. 187th Terr

Suite, Apt. #, etc.
Hialeah, FL

City & State
HIALEAH FL.

Zip
33015

Country
DADE

55047425

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0972961

☒ Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARIA MALGRAT

Street Address (P.O. Box Number is Not Acceptable)
8145 N.W. 187th Terr

City
Hialeah FL Zip Code
33015

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 **Maria Malgrat**

(NOTE: Registered Agent signature required when re-registering)

4/29/03

DATE

January 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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
**President (PSTD)
MARIA MALGRAT
8145 N.W. 187th St.
Hialeah FL 33015**

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered

SIGNATURE: **Maria Malgrat**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 (305) 825-4303
Date Daytime Phone #

CR2E034B (12/02)