

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087976

1. Entity Name
C.M. MEDICAL'S, INC.

03-29-2002 91397 028 ***150.00

P01000087976

FILED

02 NOV -7 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9040 COLLINS AVE. #15
MIAMI BEACH FL 33154

9040 COLLINS AVE. #15
MIAMI BEACH FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

05-1145654

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

JOSEFINA M. PEREZ-COFINO, P.A.
5040 NW 7TH ST, SUITE 610
MIAMI FL 33126

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, 2002 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 D'ERRICO, CARLOS C. 9040 COLLINS AVE, #15 MIAMI BEACH FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTORELLI, MONICA N 9040 COLLINS AVE, #15 MIAMI BEACH FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02 36-867-4077

Date

Daytime Phone #

Ref

ATTN. MITCHELL

Miami, November 7, 2002

To whom it may concern:

It's the fourth time I send this report. The first time we did not put the FEI number, then it was returned because it was not signed but I spoke with a person there and I have explained that my father Mr. Carlos D'Errico and me were not in USA so he couldn't receive this new request on time and consequently sign it and she told me that it was good and the only thing I had to do was send all the things I had. I sent again. And finally I received once more a report but I had sent all the information I had. I do not know what is the problem then.

I need to start working with this corporation but it is completely unfair that I have to pay \$750 because I sent all the information you requested on time.

Here is the first report that was signed the first time we sent it and completed with the FEI number the second time you sent it back to us. Please try to find a solution because we've replied to you as soon as we have could and it is not our intention to avoid paying anything but is completely unfair in this case because we sent everything you asked.

If any problem call me to (305)227-2277 ask for Carolina D'Errico (assistant)

Thanks...

Carolina D'Errico
Assistant



C.M. MEDICAL'S INC.
9040 COLLINS AVE #15
Surfside, FL 33154

FEI 65-1145654

PSDT
D'ERRICO CARLOS CESAR

VD
MONICA NILDA SANTORELLI

It was paid with a Bank of America check for \$150.00 on March 20th 2002.