

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

0217267 AV

**DOCUMENT # P96000011881**

1. Entity Name  
**C&M MEDICAL EQUIPMENT, INC.**

02-08-2002 90007 042 \*\*\*150.00

Principal Place of Business  
**1800 S.W. 1 STREET**  
**SUITE 319**  
**MIAMI FL 33135**

Mailing Address  
**1800 S.W. 1 STREET**  
**SUITE 319**  
**MIAMI FL 33135**

**80019909**



2. Principal Place of Business *Same*      3. Mailing Address *Same*

Suite, Apt. #, etc. \_\_\_\_\_

City & State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

4. FEI Number **65-0640981**      Applied For   
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**MENA, CARLOS C**  
**141 S.W. 18TH AVENUE**  
**APT. 7**  
**MIAMI FL 33135**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>P</b> <b>MENA, CARLOS</b> <b>1800 SW 1 ST 319</b> <b>MIAMI FL</b>		

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]* **SIGNATURE REQUIRED**      *January 21/02*      *305-541-0238*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)