

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009871

1. Entity Name

C & M MEDICAL SYSTEMS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90096 015 ***150.00

Principal Place of Business

6555 N.W. 36 STREET
#211
MIAMI FL 33166
US

Mailing Address

6555 N.W. 36 STREET
#211
MIAMI FL 33166-6900
US

2. Principal Place of Business

6555 NW 36 St.

3. Mailing Address

Suite, Apt. #, etc.

201 D

City & State
Miami FL

Zip
33166

Country
USA

Zip

Country

4. FEI Number

65-0724793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOREIRA, ALEXANDER
6555 N.W. 36 STREET #211
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Moreira Alexander

Street Address (P.O. Box Number is Not Acceptable)
6555 NW 36 St # 201 D

City
Miami FL Zip Code
33166

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOREIRA, ALEXANDER M
6555 N.W. 36 STREET #211
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Moreira Alexander M ☒ Change ☐ Addition
6555 NW 36 St # 201 D
Miami FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/05/00 3058712905

CR2E034 (9/99)