

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P97000009871

1. Entity Name

C & M MEDICAL SYSTEMS, INC

Principal Place of Business

Mailing Address

6555 NW 36 STREET  
SUITE 201D  
MIAMI, FL 33166

6555 NW 36 STREET  
SUITE 211  
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

4728 NW 114 AVENUE

4728 NW 114 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 102

Unit 102

City & State

City & State

MIAMI, FL

Miami, FL

Zip

Country

Zip

Country

33178

U.S.

33178

U.S.

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

7. Name and Address of New Registered Agent

MOREIRA, ALEXANDER M.  
4728 NW 114 AVENUE, UNIT 102  
MIAMI, FL 33178

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

TITLE PD  
NAME ALEXANDER M. MOREIRA ☐ Delete  
STREET ADDRESS 6555 NW 36 STREET, STE 201D  
CITY - ST - ZIP MIAMI, FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME ALEXANDER M. MOREIRA  
STREET ADDRESS 4728 NW 114 AVENUE, UNIT 102  
CITY - ST - ZIP MIAMI, FL 33178

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

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STREET ADDRESS  
CITY - ST - ZIP

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

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

Date

Daytime Phone #

FILED

02 APR 29 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200005491542--4  
-05/08/02--01031--017  
\*\*\*\*300.00 \*\*\*\*300.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P97000009871

**1. Entity Name**

**C & M MEDICAL SYSTEMS, INC**

**Principal Place of Business**

**Mailing Address**

6555 NW 114 36 STREET  
SUITE 201D  
MIAMI, FL 33166

6555 NW 36 STREET  
SUITE 211  
MIAMI, FL 33166

**2. Principal Place of Business**

**3. Mailing Address**

4728 NW 114 AVENUE

4728 NW 114 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 102

Unit 102

City & State

City & State

MIAMI, FL

Miami, FL

Zip

Country

Zip

Country

33178

U.S.

33178

U.S.

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

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

MOREIRA, ALEXANDER M.  
4728 NW 114 AVENUE, UNIT 102  
MIAMI, FL 33178

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** PD ☐ Delete  
**NAME** ALEXANDER M. MOREIRA  
**STREET ADDRESS** 6555 NW 36 STREET, STE 201D  
**CITY - ST - ZIP** MIAMI, FL 33166

**TITLE** PD ☒ Change ☐ Addition  
**NAME** ALEXANDER M. MOREIRA  
**STREET ADDRESS** 4728 NW 114 AVENUE, UNIT 102  
**CITY - ST - ZIP** MIAMI, FL 33178

**TITLE** ☐ Delete  
**NAME**  
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**CITY - ST - ZIP**

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**C & M MEDICAL SYSTEMS, INC.**  
**4728 NW 114<sup>TH</sup> AVENUE, UNIT 102**  
**MIAMI, FL 33178**

January 30, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:


Please be advised that we did not receive the 2001 Uniform Business Report.

We realized that your office had an incorrect mailing address for us and that the form was returned to you by the post office.

Enclosed, please find the 2001 Uniform Business Report as well as the one for the current year, along with the corresponding payments.

Thank you for your cooperation on this matter.

Sincerely,



Alexander M. Moreira  
President