

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012750

1. Entity Name
C M C AFFILIATES, INC.

Principal Place of Business

874 SW 8TH ST.
MIAMI FL 33130

Mailing Address

874 SW 8TH ST.
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0816247

☒ 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

COLAS, SUSAN
874 SW 8TH ST.
MIAMI FL 33130

Name COLAS, SUSANA

Street Address (P.O. Box Number is Not Acceptable)

520 BRICKELL KEY DRIVE A-307

City MIAMI

FL

Zip Code 33131

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

SUSANA COLAS

Susana Colas

1/23/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ODOARDO, DENIO	
STREET ADDRESS	90 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ODOARDO, DENIO	
STREET ADDRESS	90 EDGEWATER DR.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COLAS, SUSAN	
STREET ADDRESS	90 EDGEWATER DR.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COLAS, SUSAN	
STREET ADDRESS	90 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIO ODOARDO	
STREET ADDRESS	520 BRICKELL KEY DRIVE A-307	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMILDO E. MACHADO	
STREET ADDRESS	874 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN COLAS	
STREET ADDRESS	520 BRICKELL KEY DRIVE A-307	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSANA COLAS	
STREET ADDRESS	520 BRICKELL KEY DRIVE A-307	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90052 002 ***150.00



DO NOT WRITE IN THIS SPACE

0199996
AV

CR2E034 (9/01)