

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90029 008 ***158.75

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DOCUMENT # P99000039240

1. Entity Name
C.M.C. CORPORATION

Principal Place of Business

6480 SW 21ST STREET
MIAMI FL 33155-1941

Mailing Address

6480 SW 21ST STREET
MIAMI FL 33155-1941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525 HARDEE RD.

3. Mailing Address

525 HARDEE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-0923018

Applied For

Not Applicable

Zip
33146-3511

Country

U.S.A.

Zip
33146-3511

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HONDAL, CARLOS

6480 SW 21ST ST

MIAMI FL 33155-1941

7. Name and Address of New Registered Agent

Name

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

525 HARDEE RD.

City

CORAL GABLES

FL

Zip Code

33146

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

TITLE
D
HONDAL, CARLOS ☐ Delete
STREET ADDRESS
6480 SW 21ST STREET
CITY-ST-ZIP
MIAMI FL 33155-1941

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
525 HARDEE RD.
CORAL GABLES, FL. 33146

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

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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

4/24/02
 Date

(305) 569-5660
 Daytime Phone #

CR2E034 (9/01)