

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90194 040 ***150.00

DOCUMENT # P99000071569

1. Entity Name

CMC CENTRO MEDICO, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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, SUSANA
 90 EDGEWATER DRIVE
 106
 CORAL GABLES FL 33133

*CHANGE OF
 ADDRESS ONLY.*

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

1/23/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **COLAS, SUSAN**
 CITY-ST-ZIP **90 EDGEWATER DR.**
CORAL GABLES FL 33133

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **ODOARDO, DENIO**
 CITY-ST-ZIP **90 EDGEWATER DR.**
CORAL GABLES FL 33133

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **CARMEN COLAS**
 CITY-ST-ZIP **520 BRICKELL KEY DRIVE A-307**
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **SUSANA COLAS**
 CITY-ST-ZIP **520 BRICKELL KEY DRIVE A-307**
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **DENIO ODOARDO**
 CITY-ST-ZIP **520 BRICKELL KEY DRIVE A-307**
MIAMI FL 33131

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **ESMILDO E MACHADO**
 CITY-ST-ZIP **874 SW 8TH STREET**
MIAMI FL 33130

TITLE ☐ Change ☐ Addition
 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 *Susana Colas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 8583433

CR2E034 (9/01)