

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90017 032 ***150.00

DOCUMENT # P00000032413

1. Entity Name

STAR REHABILITATION CENTER, INC.

Principal Place of Business

**7821 SW 24 STREET
 # 210
 MIAMI FL 33155**

Mailing Address

**3780 SW 1ST STREET
 MIAMI FL 33134**

2. Principal Place of Business

7821 SW 24 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120

City & State

MIAMI FL

City & State

4. FEI Number

65-0995500

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TRABAZO, ADOLFINA
 3780 SW 1ST STREET
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	DP TRABAZO, ADOLFINA 3780 SW 1ST STREET MIAMI FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ADOLFINA TRABAZO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02

(305-269-7445)

CR2E034 (4/02)

Attachment


P00000032413
119469

July 5, 2002

Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Sirs:

I just received the 2002 Uniform Business Report which by its instructions it is late and with penalties. I never received a first notification because your records show the wrong address. The suite number in your records was transposed consequently we never received it. I hereby ask that my 2002 report be accepted as filed on time and that the original fee of \$ 150. be accepted.


Adolfina Trabazo
President
Star Rehabilitation Center Inc.
7821 SW 24 Street # 120
Miami, FL 33155
Doc # P00000032413