

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90018 027 \*\*\*158.75

**DOCUMENT # P00000067092**

**1. Entity Name**  
**F-STAR FARMS INC.**

**Principal Place of Business**  
**13334 POLO CLUB ROAD, #343**  
**WELLINGTON FL 33414**

**Mailing Address**  
**13334 POLO CLUB ROAD, #343**  
**WELLINGTON FL 33414**

**2. Principal Place of Business**  
~~13334 POLO CLUB ROAD, #343~~ **775 South St.**

**3. Mailing Address**  
~~13334 POLO CLUB ROAD, #343~~ **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Middlebury, CT**

**City & State**  
**CT**

**4. FEI Number** **NOT APPLICABLE**

☒ **Applied For**  
☐ **Not Applicable**

**Zip**  
**06762**

**Country**  
**USA**

**Zip**

**Country**

**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**

**HAINLINE, STEPHEN A**  
**11949 ACME RD.**  
**WELLINGTON FL 33414**

**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, 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** **PD** ☐ **Delete**  
**NAME** **HAINLINE, STEPHEN A**  
**STREET ADDRESS** **11949 ACME RD.**  
**CITY-ST-ZIP** **WELLINGTON FL 33414**

**TITLE** **President** ☐ **Change** ☒ **Addition**  
**NAME** **Georgia Rivera Salva**  
**STREET ADDRESS** **775 South St Middlebury CT**  
**CITY-ST-ZIP** **06762**

**TITLE** **STD** ☐ **Delete**  
**NAME** **PFUHL, VALARIE**  
**STREET ADDRESS** **1203 TOWN CENTER DRIVE, #421**  
**CITY-ST-ZIP** **JUPITER FL 33458**

**TITLE** **JAMES Salva** ☐ **Change** ☒ **Addition**  
**NAME** **CEO**  
**STREET ADDRESS** **775 South St.**  
**CITY-ST-ZIP** **Middlebury, CT 06762**

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

**TITLE** ☐ **Change** ☐ **Addition**  
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**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 an officer or trustee empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)