

2002 UNIFORM BUSINESS REPORT (UBR)

01933399 AV

DOCUMENT # P01000096425

1. Entity Name
UNISTAR MEDICAL SERVICES, INC.

FILED

02 NOV 25 PM 12:11

Principal Place of Business

1455 NW 14TH ST.
MIAMI, FL 33125

Mailing Address

1455 NW 14TH ST.
MIAMI FL 33125



2. Principal Place of Business

7846 Coral Way
Suite, Apt. #, etc.

3. Mailing Address

7846 Coral Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

Zip Country
33155 U.S.A

City & State
Miami, Florida

Zip Country
33155 U.S.A

4. FEI Number
65-1141616

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUSTER, ELIZABETH
1455 NW 14TH ST.
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name Elizabeth Fuster
Street Address (P.O. Box Number is Not Acceptable)
9521 SW 38 Street
City Miami FL Zip Code 33165

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 *Elizabeth Fuster*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/2/02.
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 DPST
NAME FUSTER, ELIZABETH
STREET ADDRESS 1455 NW 14TH ST.
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME Fuster, Elizabeth
STREET ADDRESS 9521 SW 38 Street
CITY-ST-ZIP Miami FL 33165 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Elizabeth Fuster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/02
Date

Daytime Phone #

CR2E034 (9/01)