

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90060 001 ***476.25

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1. Entity Name
STAR SPORTS TRAINING AND REHABILITATION INSTITUT

Principal Place of Business
**1931 TAMiami TRAIL
 STE. 8
 PORT CHARLOTTE FL 33952**

Mailing Address
**1931 TAMiami TRAIL
 STE. 8
 PORT CHARLOTTE FL 33952**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
POBox 380125
 Suite, Apt. #, etc.

City & State
MURDOCK, FL

Zip
33938-0125 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0383841** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIN-A-FOENG, GERARD
 13857 LONG LAKE LN.
 PORT CHARLOTTE FL 33953**

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.

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	CHIN-A-FOENG, GERARD			
	13857 LONG LAKE LN.			
	PORT CHARLOTTE FL 33953			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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]

GERARD J.M. CHIN A FOENG

1/4/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)