

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079515

1. Entity Name

STAR PARAMEDICAL SERVICES, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90178 043 ***150.00

Principal Place of Business

18181 NE 31 CT.
SUITE 2007
MIAMI FL 33160

Mailing Address

18181 NE 31 CT.
SUITE 2007
MIAMI FL 33160

2. Principal Place of Business

190 NE 199 ST

Suite, Apt. #, etc.

500

City & State

NMB, FL

Zip

33179

Country

USA

3. Mailing Address

190 NE 199 ST

Suite, Apt. #, etc.

500

City & State

NMB, FL

Zip

33179

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0531705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ANNETTE
18181 NE 31ST COURT STE. 2007
NO. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name Marsha Schreiber

Street Address (P.O. Box Number is Not Acceptable)

190 NE 199 ST

Suite #500

City

NMB

FL

Zip Code

33179

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

Marsha Schreiber

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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 ☒ Delete
NAME P
STREET ADDRESS MILLER, ANNETTE
CITY-ST-ZIP 18181 NE 31ST CT., STE. 2007
NORTH MIAMI BEACH FL 33162

TITLE ☐ Delete
NAME V
STREET ADDRESS SCHREIBER, MARSHA
CITY-ST-ZIP 20612 NE 6 CT
N MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME V
STREET ADDRESS SCHREIBER, GERALD
CITY-ST-ZIP 20612 NE 6 CT
N MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Marsha Schreiber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

305-655-0023

CR2E034 (10/00)