

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
 03-03-2002 90083 038 \*\*\*150.00

2002103  
 1/1

**DOCUMENT # P94000079515**

1. Entity Name  
**STAR PARAMEDICAL SERVICES, INC.**

Principal Place of Business

190 NE 199 ST.

~~500~~ 105

N. MIAMI BEACH FL 33179

Mailing Address

190 NE 199 ST.

~~500~~ 105

N. MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

#105

City & State

City & State

4. FEI Number **65-0531705**

Applied For

Not Applicable

Zip

Country

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

**SCHREIBER, MARSHA**

**190 NE 199 ST.**

**SUITE ~~500~~ 105**

**N. MIAMI BEACH FL 33179**

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

*Marsha Schreiber*

*2/18/02*

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

TITLE **VP** ☒ Change ☐ Addition  
 NAME **SCHREIBER, MARSHA**  
 STREET ADDRESS **520 NE 195 Street**  
 CITY-ST-ZIP **MIAMI, FL 33179**

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

TITLE **VP** ☒ Change ☐ Addition  
 NAME **SCHREIBER, GERALD**  
 STREET ADDRESS **520 NE 195 ST**  
 CITY-ST-ZIP **MIAMI, FL 33179**

TITLE **PRES** ☐ Delete  
 NAME **Annette Miller**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition  
 NAME **Annette Miller**  
 STREET ADDRESS **520 NE 195 St**  
 CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 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* **Marsha Schreiber-VP**

**305 655-0023**

*2/18/02*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)