2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065321

1. Entity Name

STARR FOUNDATION FOR WELLNESS, P.A.

Principal Place of Business	Mailing Address
4289 REFLECTIONS BLVD. S. #204 SUNRISE FL 33351	4289 REFLECTIONS BLVD. S. #204 SUNRISE FL 33351

2. Principal Place of Business	**3.** Mailing Address
11391 NW 38 STREET	11391 NW 38 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number **65-0772797**	Applied For
CORAL SPRINGS, FLORIDA	CORAL SPRINGS, FLORIDA		Not Applicable

Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
33065	BROWARD	33065	BROWARD		

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BERDELL, STARR MICHAEL DR 4289 REFLECTIONS BLVD, S. #204 SUNRISE FL 33351	Name

Street Address (P.O. Box Number is Not Acceptable)
11391 NW 38 STREET

City		Zip Code
CORAL SPRINGS	FL	33065

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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **D** NAME **BERDELL, STARR M** STREET ADDRESS **4289 REFLECTIONS BLVD, S. #204** CITY-ST-ZIP **SUNRISE FL 33351**	☐ Delete	TITLE **D** NAME **BERDELL, STARR M** STREET ADDRESS **11391 NW 38 STREET** CITY-ST-ZIP **CORAL SPRINGS, FL 33065**	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: *Starr Michael Berdell*   07-14-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #