

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90015 029 ***558.75

0074007 AV

DOCUMENT # P98000014265

1. Entity Name
F-STAR, INC.

Principal Place of Business
11949 ACME RD
WEST PALM BEACH FL 33414

Mailing Address
11949 ACME RD
WEST PALM BEACH FL 33414

2. Principal Place of Business
13334 POLO CLUB ROAD UNIT 343

3. Mailing Address
13334 POLO CLUB ROAD UNIT 343

Suite, Apt. #, etc.
UNIT 343

Suite, Apt. #, etc.
UNIT 343

City & State
WELLINGTON, FLORIDA

City & State
WELLINGTON, FLORIDA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip
33414

Country
USA

Zip
33414

Country
USA

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

HAINLINE, STEPHEN A
11949 ACME RD
WEST PALM BEACH FL 33414

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	SALVA, GEORGIA	
STREET ADDRESS	775 SOUTH STREET	
CITY-ST-ZIP	MIDDLEBURY CT 06762	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SALVA, APRIL	
STREET ADDRESS	516 MAIN ST N	
CITY-ST-ZIP	SOUTHBURY CT 06488	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SALVA, ROBERT	
STREET ADDRESS	516 MAIN ST N	
CITY-ST-ZIP	SOUTHBURY CT 06488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVA, SKLER	
STREET ADDRESS	516 MAIN ST N	
CITY-ST-ZIP	SOUTHBURY CT 06488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVA, FRANK	
STREET ADDRESS	775 SOUTH ST	
CITY-ST-ZIP	MIDDLEBURY CT 06762	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVA, TREVAR J	
STREET ADDRESS	775 SOUTH ST	
CITY-ST-ZIP	MIDDLEBURY CT 06762	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

APRIL G. SALVA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April G. Salva 8/22/01 561-793-4750
 Date Daytime Phone #

CR2E034 (5/01)