

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023479

1. Entity Name

FOUR STARS MEDICAL, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90022 021 ***150.00

Principal Place of Business

Mailing Address

17001 N.W. 52ND. AVE.
 MIAMI FL 33055

17001 N.W. 52ND. AVE.
 MIAMI FL 33055-4006

2. Principal Place of Business

7750 W. 24 Avenue

3. Mailing Address

17001 NW 52 Avenue

Suite, Apt. #, etc.

Bay 18

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Miami, FL

Zip

33016

Country

USA

Zip

33055

Country

USA

4. FEI Number

65-0902959

Applied For

Not Applicable

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

SARIEGO, NYDIA
 17001 N.W. 52ND. AVE.
 MIAMI FL 33055

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, 2000 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 **P** ☐ Delete
 NAME **SARIEGO, NYDIA**
 STREET ADDRESS **17001 N.W. 52ND. AVE.**
 CITY-ST-ZIP **MIAMI FL 33055**

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

TITLE **VP** ☐ Delete
 NAME **MARTINEZ, LUIS**
 STREET ADDRESS **2479 W. 65TH ST. E.**
 CITY-ST-ZIP **HIALEAH FL 33016**

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

TITLE **ST** ☐ Delete
 NAME **PADILLA, JEANETTE A**
 STREET ADDRESS **17001 N.W. 52ND. AVE.**
 CITY-ST-ZIP **MIAMI FL 33055**

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

TITLE **ST** ☐ Delete
 NAME **SARIEGO, GEORGE F**
 STREET ADDRESS **7904 WEST DR. APT.717**
 CITY-ST-ZIP **NORTH BAY VILLAGE FL 33138**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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:

Nydia Sariego
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

305-430-9257
 Daytime Phone #

CR2E034 (9/99)