

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90104 025 ***150.00

DOCUMENT #

P99000104651

1. Entity Name

UNISTAR HEALTH CARE CORP.

Principal Place of Business

900 West 49th St.
Hialeah, Fl. 33012

Mailing Address

C/) Lopez Accounting
4047 Okeechobee Blvd. #125
West Palm Beach, Fl. 33409

2. Principal Place of Business

900 West 49th St.

Suite, Apt. #, etc.

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

City & State

Zip

33012

Country

USA

Country

4. FEI Number

65-0963490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Marta, Enrique A.
900 West 49th St.
Hialeah, Fl. 33012

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Enrique A. Marta

07/19/02

Signature of person or persons 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 \$550.00
After September 13, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

07/19/02 305-8225373

Attachment

UNISTAR HEALTH CARE CORP.

900 West 49th St. * Hialeah, Florida 33012
Telephone: 305-822-5373

July 19, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500 Tallahassee, Florida 32302-1500

Subject: Document Number P99000104651

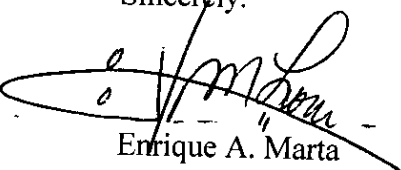
Dear Sir or Madam:

Pursuant to our telephone conversation of this morning and as per your instructions, I am herewith re-submitting a new year 2002 Uniform Business Report (UBR). Apparently, the original report was lost in transit to your office. We have also stopped payment on our check in the amount of \$150.00 and herewith, submitting a new one.

We sincerely appreciate your assistance and cooperation with this matter. Please feel free to contact us if you should have any questions, or need additional information.

Once again, thank you!

Sincerely,



Enrique A. Marta
President

EAM:al

Enclosures: (2)