

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90214 039 \*\*\*158.75

**DOCUMENT # P97000024719**

1. Entity Name  
**DAYSTAR MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**361 S.E. 12TH ST 361 S.E. 12TH ST**  
**POMPANO BEACH FL 33060 POMPANO BEACH FL 33308-1916**  
**US US**

00000006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2761 NE 48th CT. 6278 N FEDERAL Hwy**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**STE 211**

City & State City & State  
**LIGHTHOUSE Pt. FL FT LAUDERDALE, FL**

4. FEI Number **65-0740397** Applied For  
 Not Applicable

Zip Country Zip Country  
**33064 BROWARD 33308 BROWARD**  
 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**

**MIGLIORE, SANDRA**  
**361 S.E. 12TH ST**  
**POMPANO BEACH FL 33060**

Name **SANDRA MIGLIORE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2761 NE 48th CT.**  
 City **LIGHTHOUSE Pt. FL** Zip Code **33064**

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 **SANDRA MIGLIORE** *Sandra Migliore* 1/11/00  
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	VD	<input checked="" type="checkbox"/> Delete
NAME	MIGLIORE, SANDRA	
STREET ADDRESS	361 S.E. 12TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIGLIORE SANDRA	
STREET ADDRESS	2761 NE 48th CT.	
CITY-ST-ZIP	LIGHTHOUSE Pt. FL 33064	
TITLE	PRES.	<input type="checkbox"/> Delete
NAME	SAL MIGLIORE	
STREET ADDRESS	2761 NE 48th CT.	
CITY-ST-ZIP	LIGHTHOUSE Pt. FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SAL MIGLIORE** *Sal Migliore, Pres* 1/4/00 (954) 786-0990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)