

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90067 043 ***158.75

DOCUMENT # **P99000059149**

1. Entity Name

Daystar Telecom, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1816 S.W. 7th

3. Mailing Address

1816 S.W. 7th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

650937002

Applied For -

Not Applicable

Zip

33060

Country

Zip

33060

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

James L. Puchert, P.A.

Street Address (P.O. Box Number is Not Acceptable)

370 W. Camino Gardens Bl. Suite 210

City

BOCA RATON

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	P	TITLE	
NAME	Moxhila, Paul J	NAME	
STREET ADDRESS	1816 S.W. 7th	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL. 33060	CITY-ST-ZIP	
TITLE	JP	TITLE	
NAME	Keta, John	NAME	
STREET ADDRESS	1816 S.W. 7th	STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL. 33060	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Moxhila

4-24-02

Date

954-943-1315

Daytime Phone #

CR2E034B (12/01)