## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000005122

**Entity Name: BRIGHT START CORPORATION** 

Mar 20, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9441 HARDING AVENUE SURFSIDE, FL 33154

**Current Mailing Address: New Mailing Address:** 

9441 HARDING AVENUE SURFSIDE, FL 33154

FEI Number: 13-3571733 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY PEDREIRA, JOSE F 1201 HAYS STREET 9441 HARDING AVENUE TALLAHASSEE, FL 323012525 US SURFSIDE, FL 33154

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: JOSE F PEDREIRA 03/20/2002

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCD () Delete (X) Change ( ) Addition FOX, JAY Name: FOX, JAY Name: 880 3RD AVENUE Address: 880 3RD AVENUE 9TH FLOOR Address:

City-St-Zip: NEW YORK, NY 10022 City-St-Zip: NEW YORK, NY 10022

Title: SD Title: SD (X) Change ( ) Addition ( ) Delete Name: BERMAN, SARA Name: BERMAN, SARA

Address: 880 3RD AVENUE Address: 607 NORTH CONDUIT BLVD City-St-Zip: NEW YORK, NY 10022 City-St-Zip: NEW YORK, NY 11208

Title: () Delete Title: (X) Change ( ) Addition ENGELHARD, SHELDON MASLANSKY, ROBERT DR. Name: Name:

5355 TOWN CENTER ROAD 27 E 65TH STREET Address: Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: NEW YORK, NY 10021

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY FOX Ρ 03/20/2002