

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90026 042 \*\*\*\*61.25

**DOCUMENT # N01000000133**

1. Entity Name

**NEW DAY INC.**

Principal Place of Business

Mailing Address

327 NW 62 ST.  
 MIAMI FL 33150

827 NW 62 ST.  
 MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

**6289 W Sunrise Blvd**

**6289 W Sunrise Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**206**

**206**

City & State

City & State

**Sunrise, FL**

**Sunrise, FL**

Zip

Country

Zip

Country

**33313**

**USA**

**33313**

**USA**

4. FEI Number

**65-107 1226**

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

**RIGBY, DORNAMAE**  
**827 NW 62 ST.**  
**MIAMI FL 33150**

Name

**Cislyn Rigby**

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

**6289 West Sunrise Blvd. #206**

City

**Sunrise**

FL

Zip Code

**33313**

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

**Cislyn Rigby / Cislyn Rigby**

**1/31/2002**

Signature, typed or printed name of registered agent, title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIGBY, DORNAMAE</b>	
STREET ADDRESS	<b>827 NW 62 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RIGBY, VILLA</b>	
STREET ADDRESS	<b>827 NW 62 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHEPARD, VALERIE</b>	
STREET ADDRESS	<b>827 NW 62 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDSTEIN, BILLIE J ESQ.</b>	
STREET ADDRESS	<b>827 NW 62 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, JOHN</b>	
STREET ADDRESS	<b>827 NW 62 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Cislyn Rigby PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6289 West Sunrise Blvd #206</b>	
STREET ADDRESS	<b>Sunrise, FL. 33313</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Cislyn Rigby**

**1/31/2002 (954) 792-2828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)