

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-04-2002 90157 045 ***550.00

DOCUMENT# P01000109597

1. Entity Name

DAYSTAR REALTY & MORTGAGE CORP.

Principal Place of Business

**3921 NORTHWEST 50TH AVENUE
 LAUDERDALE LAKES FL 33319**

Mailing Address

**3921 NORTHWEST 50TH AVENUE
 LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

1617 Margate Blvd
 Suite, Apt. #, etc.

3. Mailing Address

5104 NW 54 St
 Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Tamarac, FL

Zip

Country

33068 U.S.

Zip

Country

33319 U.S.

4. FEI Number

65-1153595

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Joyce P. Bucierka
 Street Address (P.O. Box Number is Not Acceptable)
5104 NW 54 St
 City **Tamarac** FL Zip Code **33319**

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

Joyce P. Bucierka *Joyce P. Bucierka* **July 25, 2002**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when re-registering) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARRETT-BUCIERKA, WILLIAM 3921 NORTHWEST 50TH AVENUE LAUDERDALE LAKES FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **William Bucierka**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-25-02
 Date

Daytime Phone #

CR2E034 (9/01)