CR2E034 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P95000051653 DOCUMENT # **Secretary of State** 1. Entity Name DAY STAR ELECTRIC, INC. 02-11-2002 90002 025 ***150.00 Principal Place of Business Mailing Address 830 NE 122ND STREET 830 NE 122ND STREET NO: MIAMI FL 33161 NO. MIAMI FL 33161 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0593639 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOCKENBACH, HENRY E Street Address (P.O. Box Number is Not Acceptable) 830 NE 122ND STREET NO. MIAMI FL 33161 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete GOCKENBACH, HENRY E DRY A. GOCKENBACH NAME NAME 830 NE 122ND STREET STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE CALDERON, JORGE P NAME NAME 236 NW 101ST ST STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33100 CITY-ST-7IP CITY-ST-ZiP ☐ Change ☐ Addition Delete TITLE TITLE FERNANDEZ, HUMBERTO F NAME NAME 830 NE 122ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP NORTH MIAMI FL 33161 CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

changed, or on an attachment with an address, witball other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cale

Daytime Phone 4

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