

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064419

1. Entity Name

BRIGHTSTAR PROPERTIES INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90088 023 \*\*\*150.00

Principal Place of Business

Mailing Address

2055 ALAMANDA  
NORTH MIAMI FL 33181  
US

173 BIRCHWOOD PASS  
CANTON GA 30114-7755  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0683161**

Applied Fu

Not App

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

**BRITO & BRITO**  
**407 LINCOLN RD**  
**SUITE 5-B**  
**MIAMI BEACH FL 33139**

Name

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

City

**FL**

Zip Code

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 **P** ☐ Delete

NAME **PFISTER, ROBERT E**  
STREET ADDRESS **173 BIRCHWOOD PASS**  
CITY-ST-ZIP **CANTON GA 30114**

TITLE **V** ☐ Delete

NAME **PFISTER, MARK D.**  
STREET ADDRESS **8362 T ROSWELL RD**  
CITY-ST-ZIP **DUNWOODY GA 30350**

TITLE **S** ☐ Delete

NAME **STANTIC, DELINN**  
STREET ADDRESS **2055 ALAMANDA**  
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **T** ☐ Delete

NAME **MAULDIN, SAMMIE T**  
STREET ADDRESS **173 BIRCHWOOD PASS**  
CITY-ST-ZIP **CANTON GA 30114**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Add

NAME **PFISTER SAMMIE T.**  
STREET ADDRESS **173 BIRCHWOOD PASS**  
CITY-ST-ZIP **CANTON, GA 30114**

TITLE ☒ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert E. Pfister*  
**ROBERT E. PFISTER**

**31 JAN 2000**  
Date

**(770) 345-9392**  
Daytime Phone #