

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90214 039 \*\*\*158.75

**DOCUMENT # P97000024719**

1. Entity Name

**DAYSTAR MANAGEMENT, INC.**

Principal Place of Business

361 S.E. 12TH ST  
POMPANO BEACH FL 33060  
US

Mailing Address

361 S.E. 12TH ST  
POMPANO BEACH FL 33060-1916  
US

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2. Principal Place of Business

**2761 NE 48TH CT.**

3. Mailing Address

**6278 N FEDERAL Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 211**

City & State

**LIGHTHOUSE Pt. FL**

City & State

**FT LAUDERDALE, FL**

Zip

**33064**

Country

**BROWARD**

Zip

**33308**

Country

**BROWARD**

4. FEI Number

**65-0740397**

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

**MIGLIORE, SANDRA**

**361 S.E. 12TH ST  
POMPANO BEACH FL 33060**

Name

**SANDRA MIGLIORE**

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

**2761 NE 48TH CT.**

City

**LIGHTHOUSE Pt. FL**

Zip Code

**33064**

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

**SANDRA MIGLIORE** *Sandra Migliore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/11/00**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>MIGLIORE, SANDRA</b>	
STREET ADDRESS	<b>361 S.E. 12TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>MIGLIORE SANDRA</b>	
STREET ADDRESS	<b>2761 NE 48TH CT.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE Pt. FL 33064</b>	
TITLE	PRES.	<input type="checkbox"/> Delete
NAME	<b>SAL MIGLIORE</b>	
STREET ADDRESS	<b>2761 NE 48TH CT.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE Pt. FL 33064</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SAL MIGLIORE** *Sal Migliore, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/4/00 (954) 786-0990**

CR2E034 (9/99)