

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90060 047 ***150.00

DOCUMENT # P97000099299

1. Entity Name

BRIGHTSTAR, WORKBOAT AND TOPFLIGHT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9050 PINES BLVD
450
PINES FL 33024
US9050 PINES BLVD
450
HOLLYWOOD FL 33024-6400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808691

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GONZALEZ, DON ESQ.
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

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 State10. 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	PD	<input type="checkbox"/> Delete
NAME	MANIGLIA L., GUIDO A	
STREET ADDRESS	4136 PINES RIDGE LN	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRICENO, NARYARIT B	
STREET ADDRESS	4136 PINES RIDGE LN	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (954) 4431594

Date

Daytime Phone #

CR2E034 (9/99)