

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P97000102706**1. Entity Name**

BRIGHT STAR, A FINANCIAL PUBLIC RELATIONS FIRM, INC.

Principal Place of Business19000 NORTHEAST 20 AVENUE
MIAMI, FL 33179**Mailing Address**1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL 33154**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0806860

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CRAIG L. SILVERMAN
19000 NORTHEAST 20 AVENUE
MIAMI, FL 33179**7. Name and Address of New Registered Agent**

Name

ROBERT H. SILVERS

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

1140 KANE CONCOURSE

FIFTH FLOOR

City

BAY HARBOR ISLANDS

FL

Zip Code

33154

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	CRAIG L. SILVERMAN	19000 NORTHEAST 20 AVENUE	MIAMI, FL 33179	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

305-864-7531

4/28/00

DO NOT WRITE IN THIS SPACE

00052683

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90016 039 ***158.75

CR2E034 (9/99)