

FROM :

PHONE NO. :

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90052 009 ***150.00

DOCUMENT # P99000093030

1. Entity Name

FOCUS POINTE CONSULTING CORPORATION, INC.

Principal Place of Business

Mailing Address

330 P.G.A. BLVD.,STE.410
PALM BEACH GARDENS FL 33410

330 P.G.A. BLVD.,STE.410
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

330 P.G.A. BLVD ~~STE~~

3. Mailing Address

330 P.G.A. BLVD.

Suite, Apt. #, etc.

STE. 410.

Suite, Apt. #, etc.

STE. 410.

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL.

Zip

33410.

Country

USA.

Zip

33410.

Country

USA.

4. FEI Number

65-0955702

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENGOLD, DAVID J ESQ.
330 P.G.A. BLVD.,STE.410
PALM BEACH GARDENS FL 33410

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 reappointing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	DARREN SILVERMAN.	9843 N.W. 57 MANOR	CORAL SPRING 33076	<input type="checkbox"/>
VICE PRESIDENT	SEAN ZAUSNER.	5715 Q FOX HOLLOW DR.	BOCA RATON FL. 33486	<input type="checkbox"/>
SECRETARY	KRISTIAN BASO.	10839 CYPRESS GLEN DR.	CORAL SPRINGS FL. 33071	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

800-424-5271

Daytime Phone #