

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90174 017 ***150.00

1/30/03 09:00 AM

DOCUMENT # P99000093030

1. Entity Name
FOCUS POINTE CONSULTING CORPORATION, INC.



Principal Place of Business
**1200 N FEDERAL HIGHWAY
200
BOCA RATON FL 33432**

Mailing Address
**1200 N FEDERAL HIGHWAY
200
BOCA RATON FL 33432**



2. Principal Place of Business
**7667 W. Sample Rd
#254
Coral Springs FL**

3. Mailing Address
**7667 W. Sample Rd
#254
Coral Springs FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0955702**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FEINGOLD, DAVID J ESQ.
3300 P.G.A. BLVD., STE.410
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete SILVERMAN, DARREN
STREET ADDRESS 9843 NW 57 MANOR	
CITY-ST-ZIP CORAL SPRINGS FL 33076	
TITLE VP	<input type="checkbox"/> Delete ZAUSNER, SEAN
STREET ADDRESS 5775 FOX HOLLOW DRIVE	
CITY-ST-ZIP BOCA RATON FL 33486	
TITLE S	<input type="checkbox"/> Delete BASO, KRISTIAN
STREET ADDRESS 9651 NW 42ND ST.	
CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **Darren Silverman** 1/21/03 800-424-5271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)