

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90007 013 ***150.00

DOCUMENT # F95000000009

1. Entity Name
FOCUS FINANCIAL CORP.

Principal Place of Business

**291 BAL BAY DRIVE
SUITE 111
BAL HARBOUR FL 33154**

Mailing Address

**291 BAL BAY DRIVE
SUITE 111
BAL HARBOUR FL 33154**

2. Principal Place of Business

61 HARBOUR WAY

Suite, Apt. #, etc.

3. Mailing Address

61 HARBOUR WAY

Suite, Apt. #, etc.

City & State

BAL HARBOUR FL

Zip **33154**

Country **USA**

City & State

BAL HARBOUR FL

Zip **33154**

Country **USA**

4. FEI Number **56-1651054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORTNOY, DAVID I
291 BAL BAY DRIVE
SUITE 111
BAL HARBOUR FL 33154**

7. Name and Address of New Registered Agent

Name **DAVID PORTNOY**
Street Address (P.O. Box Number is Not Acceptable)
61 HARBOUR WAY
City **BAL HARBOUR 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

DAVID PORTNOY **DAVID PORTNOY**

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

(NOTE: Registered Agent signature required when reinstating)

2/8/01

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, 2001 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	PTD PORTNOY, DAVID I 291 BAL BAY DRIVE #111 BAL HARBOUR FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTNOY, GILBERT 291 BAL BAY DRIVE #111 BAL HARBOUR FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTNOY, MARK L 291 BAL BAY DRIVE #111 BAL HARBOUR FL 33154 <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"/> 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
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another like empowered.

SIGNATURE:

DAVID PORTNOY **DAVID PORTNOY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

DATE

305-866-2948

DAYTIME PHONE #

CR2E034 (10/00)