

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90179 009 ***150.00

DOCUMENT # K64170

1. Entity Name
FOCUS CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

**1507 S UNIVERSITY DR
SUITE B
PLANTATION FL 33324**

**1507 S UNIVERSITY DR
SUITE B
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0099796**

Applied For

Not Applicable

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

**SASLAW, GARY
1799 NE 164TH ST
NORTH MIAMI BEACH FL 33162**

Name **Kelly Puglisi**
Street Address (Box Number is Not Acceptable)
1507 S. University Drive, Ste B, Plantation, FL 33324
City **Plantation** FL Zip Code **33324**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Delete
NAME **OPPENHEIMER, ANNE LOUIS**
STREET ADDRESS **1671 SW 105TH LANE**
CITY-ST-ZIP **DAVIE FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Puglisi, Kelly**
STREET ADDRESS **10565 Grove Lane**
CITY-ST-ZIP **Cooper City, FL 33328**

TITLE **VPS** ☒ Delete
NAME **JACOBS, GILBERT**
STREET ADDRESS **115 STONEGATE LN**
CITY-ST-ZIP **VINEYARD HAVEN MA 02568**

TITLE **VP** ☒ Change ☐ Addition
NAME **Lynch, Kimberly**
STREET ADDRESS **3105 S.W. 16th Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Kelly Puglisi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Puglisi

Date

1/24/01

Daytime Phone #

CR2E034 (10/00)