2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000000734

1. Entity Name

FOCUS LENDING, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90128 027 ***150.00

						GOO WE THE						
Principal Place of Business 7705 CAMING REAL ONIT B-104 MIAMI FL 33443				Mailing Address 7705 Cardino BEAL. UNIT B-104 MIAM FL 23143								
				•								
2. Principal Place of Business 16375 NE 18 Ave.				3. Mailing Address NE 18 Ave.					014 34 44 0014	 15 4 1544		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
N. Miam: Becch, FL			٤٧	City & State M. Miawi	, FL	4. FEI Number 300003431			<u> </u>	plied For t Applicable		
Zip 3316	2	Country Miam:-D	ade	Zip 33162	Cour M ia	ntry mi - Dade	5. Cer	tificate of Status Desired		8.75 Add ee Require		
•	6. Name	and Address of Ci	ırrent Re	egistered Agent			7. Nar	ne and Address of New Reg	istered Ag	jent		
				-		Name		And the second of the second o		<u></u>		
KHALILZAD, TORY												
7705 CAMINO REAL, UNIT B-104							Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 3		,										
					City	FL Zip Code						
8. The above	named entir	y submits this staten	nent for th	he purpose of changing i	ts register	ed office or regis	stered agent	, or both, in the State of Floric	la. I am fai	miliar with,	and accept	
		tered agent.	ſ			· ·	•					
0,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
SIGNATURE _	Signature, typed	or printed name of registere	d agent and	title il applicable. (NC	TE: Registere	d Agent signature requ	uired when reinsta	ating)	DATE			
After	May 1, 20	PEE IS \$150.0 Tee will be \$55 Florida Departm	0.00	itate				Election Campaign Finan Trust Fund Contribution.	icing		O May Be to Fees	
10.		OFFICERS	S AND DI	RECTORS	11.		ADDI"	TIONS/CHANGES TO OFFICE	ERS AND D	DIRECTORS	S IN 11	
TITLE	PD			☐ Delete	TITL	E				Change	☐ Addition	
	KHALILZA				NAM	E			•			
STREET ADDRESS	7705 CAN	INO REAL, UNIT I	B-104		STRI	ET ADDRESS						
CITY-ST-ZIP	Miami Fl	33143			CITY	-ST-ZIP						
TITLE				☐ Delete	ŤITL	E			[Change	☐ Addition	
NAME					NAM	E						
STREET ADDRESS					STR	ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE	_			. Delete	TITL					Change	☐ Addition	
NAME			ಪ್ರಾಲ್ಕ್ ಸ್ತಾ	والمعادية المستحد المساد		E. Zamericania - error	an a <u>rtitumer</u> e.	The work of the first of the first of	~	-		
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE	1			Coloto	TITI	:			Г	Change	☐ Addition	

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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

Change

Change

☐ Addition

☐ Addition