

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90228 030 \*\*\*150.00

**DOCUMENT # P02000026739**

**1. Entity Name**  
**EXACTUS PORTFOLIO MANAGEMENT ADVISORS, INC.**



**Principal Place of Business**  
**906 SW ST. LUCIE WEST**  
**#314**  
**PORT ST. LUCIE FL 34986-1766**

**Mailing Address**  
**906 SW ST. LUCIE WEST**  
**#314**  
**PORT ST. LUCIE FL 34986-1766**



**2. Principal Place of Business**  
**1602 Harbor Isles Circle**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**906 SW St Lucie West Blvd**  
Suite, Apt. #, etc.  
**Suite 314**

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**Port St. Lucie, FL**

**City & State**  
**Port St Lucie, FL**

**4. FEI Number**  
**01-0626775**

**Applied For**  
**Not Applicable**

**Zip**  
**34986-1766**

**Country**  
**USA**

**Zip**  
**34986-1766**

**Country**  
**USA**

**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**

**STABILE, ALBERT III**  
**906 SW ST. LUCIE WEST BLVD.**  
**#314**  
**PORT ST. LUCIE FL 34986-1766**

**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 registered agent.**

**SIGNATURE** *Albert III Stabile* **President**

**1-7-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **STABILE, ALBERT III**  
**STREET ADDRESS** **906 SW ST. LUCIE BLVD. #314**  
**CITY-ST-ZIP** **PORT ST. LUCIE FL 34986-1766**

**TITLE** **President** ☒ Change ☐ Addition  
**NAME** **Stabile, Albert III**  
**STREET ADDRESS** **906 SW St Lucie West Blvd suite 314**  
**CITY-ST-ZIP** **Port St Lucie, FL 34986-1766**

**TITLE** **VS** ☐ Delete  
**NAME** **CHO, ANN**  
**STREET ADDRESS** **401 SOUTH ARDEN BLVD.**  
**CITY-ST-ZIP** **LOS ANGELES CA 90020-4735**

**TITLE** **Vice President** ☒ Change ☐ Addition  
**NAME** **CHO, ANN**  
**STREET ADDRESS** **401 S. Arden Blvd**  
**CITY-ST-ZIP** **Los Angeles, CA 90020-4735**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ 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**

**1-7-03**

**772 344 3119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)