

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90053 012 \*\*\*150.00

**DOCUMENT # P02000105076**

1. Entity Name

**FINANCIAL AND PERFORMANCE MANAGEMENT SOLUTION,  
NC,**



Principal Place of Business

**1441 NW 14 AVENUE  
BOCA RATON FL 33486**

Mailing Address

**1441 NW 14 AVENUE  
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-1978026**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POMBAR, FAUSTO  
1441 NW 14 AVENUE  
BOCA RATON FL 33486**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
POMBAR, FAUSTO  
1441 NW 14 AVENUE  
BOCA RATON FL 33486**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

**FAUSTO POMBAR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/1/03**  
Date

Daytime Phone #

CR2E034 (4/03)

attachment

80146839  
P 020001 05076



1441 NW 14 Avenue  
Boca Raton, Florida 33486  
Phone: (786) 301-1983  
Email: Fausto@fpmsolutions.com

September 9, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

I am submitting the 2003 for Profit Corporation Uniform Business Report for Financial and Performance Management Solutions, Inc. Please note that I recently received notification to submit this report. I have been traveling trying to create sales and working on some of my projects and unfortunately my mail was not forwarded to me. I would like to request a waiver on the \$400.00 penalty. I am submitting this report with the original fee. If this is not acceptable please notify me immediately and I will submit the penalty payment immediately.

Sincerely,

A handwritten signature in cursive script that reads 'Fausto Pombar'.

Fausto Pombar  
President  
(786) 301-1983