

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90024 018 \*\*\*150.00

**DOCUMENT # P98000075744**

1. Entity Name  
**FOCUS SOLUTIONS CORP.**

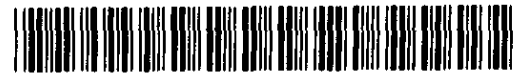
Principal Place of Business <b>2999 N.E. 191ST STREET SUITE 603                  AVENTURA FL 33180</b>	Mailing Address <b>PO BOX 85246                  HALLANDALE 33008-5246</b>
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2. Principal Place of Business <b>2640 N.W. 97th Ave.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2640 N.W. 97th Ave.</b> Suite, Apt. #, etc.
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City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33172</b>	Country <b>USA</b>
Zip <b>33172</b>	Country <b>USA</b>

4. FEI Number <b>65-0860156</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LIBOVICH, DANIEL**  
**2999 N.E. 191ST STREET SUITE 603**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
 Name **LIBOVICH, DANIEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2640 NW 97th Ave.**  
 City **MIAMI** FL Zip Code **33172**

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 **DANIEL LIBOVICH, President** **4/4/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	<b>D</b> <input type="checkbox"/> Delete <b>LIBOVICH, DANIEL</b> <b>2999 N.E. 191ST STREET SUITE 603</b> <b>AVENTURA FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LIBOVICH, ANTONIETA A</b> <b>2999 N.E. 191ST STREET SUITE 603</b> <b>AVENTURA FL 33180</b>
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
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LIBOVICH, DANIEL</b> <b>2640 NW 97th Ave</b> <b>MIAMI FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LIBOVICH, ANTONIETA A</b> <b>2640 NW 97th Ave.</b> <b>MIAMI FL 33172</b>
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 all other like empowered.

SIGNATURE: **Daniel Libovich** **4/4/00** **(305) 592-5553**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)