

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036254

1. Entity Name

FOCUS ON PRINTING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90053 004 ***150.00

Principal Place of Business

Mailing Address

1997 N.W. 55TH AVENUE
MARGATE FL 33063

1997 N.W. 55TH AVENUE
MARGATE FL 33321-1967

2. Principal Place of Business

3. Mailing Address

7627 NW 99 Ave

7627 NW 99 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMMRAE FL

TAMMRAE FL

4. FEI Number

65-0925460

Applied For

Not Applicable

Zip

Country

Zip

Country

33321

U.S.A.

33321

U.S.A.

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

KABOT, ADAM

1997 N.W. 55TH AVENUE
MARGATE FL 33063

Name

KABOT, ADAM

Street Address (P.O. Box Number is Not Acceptable)

7627 NW 99 Ave

City

TAMMRAE

FL

Zip Code

33321

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

Adam Kabot
Signature, typed or printed name of registered agent and title / applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS KABOT, ADAM
CITY-ST-ZIP 1997 N.W. 55TH AVENUE
MARGATE FL 33063

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Adam Kabot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 726 8481