

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90012 004 ***150.00

DOCUMENT # P99000053175

1. Entity Name
FOCSA MANAGEMENT AND ACCOUNTING, INC.

Principal Place of Business
346 SW 35 AVE
DEERFIELD BEACH FL 33442

Mailing Address

~~P.O. BOX 042~~
~~DEERFIELD BEACH FL 33442~~

2. Principal Place of Business

3. Mailing Address
346 S.W. 35 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DEERFIELD Bch. FL

Zip

Country

Zip
33442

Country
BROWARD

4. FEI Number **65-0928247**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORRIOLS, JOSE R
346 SW 35 AVE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
 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.

SIGNATURE

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, 2002 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 **PDST** ☐ Delete
NAME **ORRIOLS, JOSE**
STREET ADDRESS **346 SW 12TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002 **421-2K53**
 Date Daytime Phone #

CR2E034 (9/01)