

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 043 ***150.00

DOCUMENT # P990000094202

1. Entity Name

Focus USA Distributors Import & Export, Inc.

DO NOT WRITE IN THIS SPACE

B0056508

2. Principal Place of Business

12440 N.W. 15TH STREET

Suite, Apt. #, etc.

STE. #3201

City & State

SUNNISE, FL

3. Mailing Address

12440 N.W. 15TH STREET

Suite, Apt. #, etc.

STE. #3201

City & State

SUNNISE, FL

4. FEI Number

65-0956796

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip 33323-5632

Country USA

Zip 33323-5632

Country USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

FONSECA, DANIEL

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

12440 N.W. 15TH STREET STE #3201

City SUNNISE

FL

Zip Code

33323-5632

**DO NOT WRITE
IN THIS SPACE**

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)

03/19/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME FONSECA, DANIEL
STREET ADDRESS 12440 N.W. 15TH STREET STE #3201
CITY-ST-ZIP SUNNISE, FL 33323-5632

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/02

Date

954-838-9797

Daytime Phone #

CR2E034B (12/01)