

2000 UNIFORM BUSINESS REPORT (UBR)

AND FILED

00 MAY -2 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000004432**

1. Entity Name
FOCUS RESTAURANT GROUP L.L.C.

Principal Place of Business
**1344 EUCLID AVE., #3
MIAMI BEACH FL 33139**

Mailing Address
**1344 EUCLID AVE., #3
MIAMI BEACH FL 33139-3984**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **650936041**
~~620950732~~

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOBINGER, JUDITH P
1344 EUCLID AVE., #3
MIAMI BEACH FL 33139**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM WESSEL, KRISTEN
STREET ADDRESS **1344 EUCLID AVE., #3**
CITY - ST - ZIP **MIAMI BEACH FL**

TITLE NAME Change Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME Delete
MGRM PINTO, CHRISTOPHER
STREET ADDRESS **116 KENBRIDGE LANE**
CITY - ST - ZIP **MADISON MS**

TITLE NAME Change Addition
STREET ADDRESS
CITY - ST - ZIP

**600003260726--3
-05/19/00--01136--002
***50.00 ***50.00**

TITLE NAME Delete
STREET ADDRESS
CITY - ST - ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**
Christopher Pinto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **4/27/2000** Daytime Phone # **305 582-8482**

CR2E083 (9/99)