

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 650936041

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/2000

Date

305 582-8482

Daytime Phone #



DO NOT WRITE IN THIS SPACE

AND  
FILED

00 MAY -2 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E083 (9/99)