

2001 UNIFORM BUSINESS REPORT (UBR)

0000948 AF

DOCUMENT # **L99000004432**

1. Entity Name

FOCUS RESTAURANT GROUP L.L.C.

FILED

01 APR 20 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1436 Drexel Ave

Suite, Apt. #, etc.

3. Mailing Address

1436 Drexel Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0936041

Applied For

Not Applicable

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700004084247--1
-04/27/01--01033--020
*******50.00 *****50.00**

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

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

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TITLE ☐ Change ☐ Addition
NAME
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kris Wessel 4/16/01 305-538-1055

CR2E083 (11/00)