

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90096 024 ****50.00

0015954

DOCUMENT # M01000001373

1. Entity Name

GEOFOCUS, LLC

Principal Place of Business

~~700 NORTHWEST 12TH AVENUE~~
~~DEERFIELD BEACH FL 33441~~

Mailing Address

~~700 NORTHWEST 12TH AVENUE~~
~~DEERFIELD BEACH FL 33441~~**80042477**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3651 FAU BLVD

Suite, Apt. #, etc.

215

3. Mailing Address

3651 FAU BLVD

Suite, Apt. #, etc.

215

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

65-1111831

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KAJIWARA, KENJI	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAUSTEIN, ROBERT	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	NAKAYAMA, KOICHIRO	
STREET ADDRESS	600 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ANTONIELLO, GINO	
STREET ADDRESS	700 NORTHWEST 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MOLITORIS, JOLENE	
STREET ADDRESS	700 NORTHWEST 12TH AVENUE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MOLITORIS, JOLENE M.	
CITY-ST-ZIP	3651 FAU BLVD, STE 215	
	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E083 (9/01)