

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024306

1. Entity Name

FOCUS GOLF, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90030 005 ***150.00

Principal Place of Business

Mailing Address

S ROGERS CIRCLE SUITE 26
BOCA RATON FL 33487

1181 S ROGERS CIRCLE SUITE 26
BOCA RATON FL 33487-2789

2. Principal Place of Business

1141 S. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite #5

City & State

BOCA RATON FL

Zip

33487

Country

USA

3. Mailing Address

1141 S. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite #5

City & State

BOCA RATON FL

Zip

33487

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0668937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABECASSIS, SERGE
1181 S ROGERS CIRCLE SUITE 26
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

ABECASSIS, SERGE

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

1141 S. ROGERS CIRCLE Suite #5

City

BOCA RATON

FL

Zip Code

33487

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ABECASSIS, SERGE	
STREET ADDRESS	1181 S ROGERS CIRCLE SUITE 26	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OUKNINE, ARMAND	
STREET ADDRESS	1181 S ROGERS CIRCLE SUITE 26	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GANET, LARRY	
STREET ADDRESS	1181 S ROGERS CIRCLE SUITE 26	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABECASSIS, SERGE	
STREET ADDRESS	1141 S. ROGERS CIRCLE #5	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	V. President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUKNINE, ARMAND	
STREET ADDRESS	1141 S. ROGERS CIRCLE #5	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANET, LARRY	
STREET ADDRESS	1141 S. ROGERS CIRCLE #5	
CITY-ST-ZIP	BOCA RATON, FL 33487	
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		

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED SERGE ABECASSIS

1/17/2000

561-998-8778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)