2001 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # **P96000024306** FOCUS GOLF, INC. 01-29-2001 90165 036 ***150.00 Principal Place of Business Mailing Address 1141 S ROGERS CIR 1141 S ROGERS CIR SUITE # 5 SUITE # 5 700Q27 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0668937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABECASSIS, SERGE Street Address (P.O. Box Number is Not Acceptable) 1141 S ROGERS CIR SUITE # 5 **BOCA RATON FL 33487** City 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 Fiorida SEPGR ABROASSIS **SIGNATURE** FILE NOW!!! FEE 18 \$150.00_ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition Delete Change ABECASSIS, SERGE NAME NAME STREET ADDRESS 1181 S ROGERS CIRCLE SUITE 26 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487 VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **OUKNINE, ARMAND** NAME STREET ADDRESS 1181 S ROGERS CIRCLE SUITE 26 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** DT ☐ Delete ☐ Change ☐ Addition GANET: LARRY NAME NAME STREET ADDRESS STREET ADDRESS 1141 S ROGERS CIR # 5 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Oelete TITLE ☐ Change Maddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filling 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 all other like empowered.

ith all other like empowered.

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGE ABECASSIS

SIGNATURE:

SIGNATURE AND TYPED

FILED