

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90141 036 \*\*\*150.00

**DOCUMENT #** P96000067289

**1. Entity Name**

**FOCUS MANAGEMENT GROUP, INC.**

**Principal Place of Business**  
7900 GLADES ROAD  
SUITE 420  
BOCA RATON, FL. 33434

**Mailing Address**  
7900 GLADES ROAD  
SUITE 420  
BOCA RATON, FL. 33434

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Palm Beach

Zip

Country

Palm Beach

**4. FEI Number**

65-0691241

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

TOPPEL, MICHAEL  
7900 GLADES ROAD  
SUITE 420  
BOCA RATON, FL. 33434

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

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
TOPPEL, HAROLD  
7900 GLADES RD. #420 BOCA RATON, FL  
33434

☐ Delete

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
TOPPEL, MICHAEL  
7900 GLADES RD. STE 420  
BOCA RATON, FL. 33434

☐ Delete

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
TOPPEL, JONATHAN  
7900 GLADES RD. 420  
BOCA RATON, FL. 33434

☐ Delete

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**TITLE**  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

**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 all other title empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)