

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90097 041 ***150.00

DOCUMENT # 520250

1. Entity Name
TOKA IV CONSTRUCTION COMPANY, INC.



Principal Place of Business
**151 SW 5TH CT.
POMPANO BEACH FL 33060**

Mailing Address
**PO BOX 9297
CORAL SPRINGS FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1722817

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PASALODOS, DAMASO J.
10194 ROYAL PAM BLVD
CORAL SPRINGS FL 33075**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME **PASALODOS, JOSE**
STREET ADDRESS **3820 NW 3RD TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL**

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

VSD ☐ Delete
NAME **PASALODOS, DAMASO L.**
STREET ADDRESS **3820 NW 3RD TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL**

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

PSD ☐ Delete
NAME **PASALODOS, DAMASO J.**
STREET ADDRESS **3820 NW 3RD TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL**

☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)