

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012391

1. Entity Name
MOJO, LLC

FILED

01 MAR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2020 NW 32ND STREET
POMPANO BEACH FL 33064

Mailing Address
2020 NW 32ND STREET
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, BERNARD A ESQ.
4925 SHERIDAN ST., SUITE A
HOLLYWOOD FL 33021

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *TRUSTEE*
NAME *JOSEPH ROSETH, TRUSTEE OF THE*
STREET ADDRESS *JOSEPH ROSETH, REVOCABLE LIVING TRUST*
CITY-ST-ZIP *U/A/D 10/28/98*
2020 N.W. 32ND ST
POMPANO BEACH FL 33064

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

TITLE
NAME *MEMBER*
STREET ADDRESS *MICHAEL FLARIO*
CITY-ST-ZIP *209 WACHUNG AVE*
WEST ORANGE, N.J. 07052

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

TITLE
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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: *Joseph Roseth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/12/01 954 969-9796
Date Daytime Phone

0007671 AF

CR2E083 (11/00)