2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000023008 **DOCUMENT #**

1. Entity Name

MOJO HOME IMPROVEMENTS INC



FILED Mar 17, 2003 8:00 am 3 Secretary of State

03-17-2003 90480 030 ***150.00

100011	OME IMPROVEMENTO HAC	<i>)</i> .		1						
Principal Place of Business 8867 NW 45 PLACE CORAL SPRINGS FL 33065		Mailing Address 8867 NW 45 PLACE CORAL SPRINGS FL 33065								
								TEN EN ER EN AU		
2. Principal	Place of Business	3. Mailing A	Address					10 111 13 111 10 11 3 111		
Suito Ant	# ata	Cuita An								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number 65-1078923 Applied For Not Applicable				
Zip	Country	Zip		Country		5. Certificate	of Status Desired		8.75 Add	ditional
	6. Name and Address of Currer	nt Registered Ag	ent			7. Name and	Address of Nev			
				1	Vame					
SIMBOLI,				8	Street Address (F	P.O. Box Numbe	er is Not Accepta	ble)		`
	45 PLACE			ļ					<u></u>	
CURAL S	PRINGS FL 33065									
				0	City			FL	Zip Cod	le
	e named entity submits this statement tions of registered agent.	for the purpose o	f changing its	registered o	office or registere	ed agent, or boti	h, in the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed game of registered ager	nt and title if applicable.	(NOTE	E: Registered Age	ent signature required	when reinstating)		DATE	,	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					I	ction Campaign st Fund Contribu	~ ~		00 May Be d to Fees
10.	OFFICERS ANI	D DIRECTORS		11.		ADDITIONS/	CHANGES TO O	FFICERS AND I	DIRECTOR	S IN 11
TITLE	D	[□ Delete	TITLE		,			☐ Change	☐ Addition
NAME STREET ADDRESS	SIMBOLI, STEVEN 8867 NW 45 PLACE			NAME	202500					
CITY-ST-ZIP	CORAL SPRINGS FL 33065			STREET AL CITY-ST-	1					
TITLE			Delete	TITLE					Change	☐ Addition
NAME]	•		NAME					C.J. C. C. C.	
STREET ADDRESS				STREET AL	I					
CITY-ST-ZIP	- 2			CITY-ST-	ZIP					·····
TITLE		[Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS				NAME	200000					
CITY-ST-ZIP				STREET AE CITY-ST-						
				0111-01-	71P					
TITLE	1	r	~1 p	T171 C	ZIP				C) 01	The Address
NAME		C	Delete	TITLE	ZIP		•		Change	☐ Addition
NAME STREET ADDRESS		[Delete	NAME					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		ĺ	Delete		DORESS	, nau		ı	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				NAME STREET AL CITY-ST-	DORESS		•		-	
STREET ADDRESS			Delete	name Street ad	DORESS				☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE				NAME STREET AL CITY-ST-	DORESS ZIP				-	
STREET ADDRESS CITY-ST-ZIP TITLE NAME				NAME STREET AE CITY-ST- TITLE NAME	DORESS ZIP		TOTAL TOTAL		-	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		[NAME STREET AE CITY-ST-: TITLE NAME STREET AE	DORESS ZIP				-	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[□ Delete	NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST-	DORESS ZIP				□ Change	. Addition

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 empsy end to execute this sport as regarded 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 and all other like empsy end. changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #