

FILED
Jul 07, 2003 8:00 am
Secretary of State

5/

05-21-2003 90191 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000086883

1. Entity Name
TOCHO ENTERPRISES, INC.



44005478

Principal Place of Business
5800 MARGATE BLVD. #317
MARGATE, FL 33063

Mailing Address
5800 MARGATE BLVD. #317
MARGATE, FL 33063

2. Principal Place of Business

5800 MARGATE BLVD

3. Mailing Address

5800 MARGATE BLVD

Suite, Apt. #, etc.

317

Suite, Apt. #, etc.

317

City & State

MARGATE

City & State

MARGATE

Zip

33063

County

BROWARD

Zip

33063

County

BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0032692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

PARVANOV, TODOR N
5800 MARGATE BLVD. #317
MARGATE, FL 33063

7. Name and Address of New Registered Agent

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 in printed version of registered agent and date if applicable.

NOTE: Registered Agent Signature Required when submitting.

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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 an other like empowered.

SIGNATURE: TODOR N. PARVANOV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

MAY 6, 03 (954) 328 2927

Case

Corporate Secretary