

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000082513

1. Entity Name

TOJO VENTURES INC.

Principal Place of Business

Mailing Address

15271 N.W. 60TH AVENUE
MIAMI LAKES FL 33014

15271 N.W. 60TH AVENUE
MIAMI LAKES FL 33014-2422

2. Principal Place of Business

3. Mailing Address

2440 W. 80TH ST

2440 W. 80TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

#1

City & State

City & State

HIALEAH FLORIDA

HIALEAH FL

Zip

Country

Zip

Country

33016

USA

33016

USA

4. FEI Number

Applied For

65-0949430

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City HIALEAH

FL

Zip Code 33016

HASKINS, TERRY

~~15271 N.W. 60TH AVENUE~~

~~MIAMI LAKES FL 33014~~

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 reinstalling)

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	PTD	<input type="checkbox"/> Delete
NAME	HASKINS, TERRY	
STREET ADDRESS	6708 CROOKED PALM TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HASKINS, JOHN	
STREET ADDRESS	6708 CROOKED PALM TERRACE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

04-14-2000 90019 042 ***150.00



DO NOT WRITE IN THIS SPACE

Terry Haskins
TERRY HASKINS

4/7/00

305-823-8221