

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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90289 009 ***150.00

DOCUMENT # **P99000082513**

1. Entity Name

To Jo Ventures Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2440 W 80th St

Suite, Apt. #, etc.

Bay #1

City & State

Hialeah FL

Zip

33016

Country

USA

3. Mailing Address

2440 W. 80th St

Suite, Apt. #, etc.

Bay #1

City & State

Hialeah FL

Zip

33016

Country

USA

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4. FEI Number

65-0949430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HASKINS, Terry

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

15271 NW 60th Ave

Suite 103

City

Miami Lakes

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
Haskins, Terry
6708 Crooked Palm Trail
Miami Lakes, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VSD
Haskins, John
6708 Crooked Palm Trail
Miami Lakes, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Haskins

4/19/04

Date

305-823-8221

Daytime Phone #

CR2E034B (12/02)