

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 381554**

1. Entity Name

FORMS AND SURFACES, INC.

Principal Place of Business

**3801 N.E. 2ND AVENUE
MIAMI FL 33137**

Mailing Address

**3801 N.E. 2ND AVENUE
MIAMI FL 33137**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**ALBURY, JOHN R.
3801 NE 2ND AVENUE
MIAMI FL 33137**4. FEI Number **59-1349805**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADRIANI, MARIO 251 CRANDON BLVD KEY BISCAVNE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Officer Sen. Officer 4100 N. 29th Terr. Hollywood FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary LEON ZARBER 4100 N. 29th Terr. Hollywood FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Part Time Chief Financial Officer PAT PETROCOLI 4100 N. 29th Terr. Hollywood FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President JOHN ALBURY 17321 S.W. 7th St. Pembroke Pines, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

(954) 920-9998

Date

Daytime Phone #

FILED
02 OCT 24 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

FORMS AND SURFACES INC.

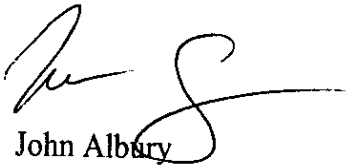
October 23, 2002

Florida Department of State
409 East Gaines Street
Tallahassee, Fl. 32399

Enclosed, you will find the completed 2002 Uniform Business Report along with a check for \$150.00. I apologize for the delay as I accidently filed the paperwork away. Please reinstate us as quickly as possible.

If you should need any further information, please feel free to contact me at (954) 342-4230.

Cordially,



John Albury
Forms and Surfaces, Inc.

CERAMIC

TILE

MARBLE

GRANITE

TERRACOTA

Administrative Office & Warehouse Location: 4100 North 29th Terrace HOLLYWOOD, FLORIDA 33020 (954) 920-9995 FAX (954) 920-5523
Main Showroom: 3801 N.E. 2nd AVENUE MIAMI, FLORIDA 33137 (305) 576-1880 FL WATS 1-800-432-2048 FAX (305) 576-2386
DCOTA Showroom: 1855 GRIFFIN ROAD #A-263 DANIA, FLORIDA 33004 (954) 929-1117 FAX (954) 929-5523 (800) 214-9415
<http://www.formsandsurfaces.com> • e-mail address: john@formsandsurfaces.com