

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90066 045 ***150.00

DOCUMENT # P00000030585

1. Entity Name
PINO FORMICA, INC.



Principal Place of Business
~~G/O CHANDLER R. FINLEY~~
~~710 WASHINGTON AVENUE, SUITE #5~~
~~MIAMI BEACH FL 33139~~

Mailing Address
~~G/O CHANDLER R. FINLEY~~
~~710 WASHINGTON AVENUE, SUITE #5~~
~~MIAMI BEACH FL 33139~~

11007305



2. Principal Place of Business
JERRY D LEIBOWITZ

3. Mailing Address
3181 W HALLANDALE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Pembroke Park FL

4. FEI Number
65-1002639

Applied For
Not Applicable

Zip Country

Zip Country
33009

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

~~FINLEY, CHANDLER R. ESQ.~~
~~710 WASHINGTON AVENUE~~
~~SUITE #5~~
MIAMI BEACH FL 33139

Name
JERRY D LEIBOWITZ

Street Address (P.O. Box Number is Not Acceptable)
3181 W HALLANDALE BLVD #404

City
Pembroke Park

FL Zip Code
33009

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/15/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMICA, GIUSEPPE G/O CHANDLER R. FINLEY MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)