

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90229 043 ***158.75

DOCUMENT # P00000112648

1. Entity Name

START 2 FINISH PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1132 NW 30 CT
 FT LAUDERDALE FL 33311

1132 NW 30 CT
 FT LAUDERDALE FL 33311

U0051058

2. Principal Place of Business

3. Mailing Address

570 SW 198th Terrace
 Suite, Apt. #, etc.

same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Pembroke Pines, FL

same

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
33029

Country
USA

Zip

Country

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

DAYTON, DAYTONA
1132 NW 30 CT
FT LAUDERDALE FL 33311

Name *Daytona Dayton*

Street Address (P.O. Box Number is Not Acceptable)
570 SW 198th Terrace

City *Pembroke Pines* **FL** Zip Code *33029*

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 *Daytona Dayton* *Daytona Dayton* *4/15/01*
Signature, typed or printed name of registered agent and title if applicable. (NOT 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 \$150.00
After MAY 1, 2001 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 *CEO / President / Sec Treas.* ☐ Delete
 NAME *Daytona Dayton*
 STREET ADDRESS *570 SW 198th Terrace*
 CITY-ST-ZIP *Pembroke Pines, FL 33029*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 #

Daytona Dayton *4/15/01* *954-3927474*

CR2E034 (10/00)