FOR PROFIT CORPORATION
2004 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90782 038 ***150.00

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DOCUMENT # P97000036521

1. Entity Name
START TO FINISH FORMICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3170 Pembroke Road	3170 Pembroke Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale, FL	City & State: Hallandale, FL
Zip: 33009 Country:	Zip: 33009 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0752422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Fanea, Emanoil

Street Address (P.O. Box Number is Not Acceptable): 3170 Pembroke Road

City: Hallandale 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, 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	PSD
NAME	Fanea, Emanoil
STREET ADDRESS	3170 Pembroke Road
CITY-ST-ZIP	Hallandale, FL 33009
TITLE	VP
NAME	Cladovan, Dumitru
STREET ADDRESS	3710 Pembroke Road
CITY-ST-ZIP	Hallandale, FL 33009
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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: x Emanoil Fanea x 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #