

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91077 027 ***150.00

DOCUMENT # P97000036521

1. Entity Name

START TO FINISH FORMICA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3170 Pembroke Road

3. Mailing Address
3170 Pembroke Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hallandale, FL

City & State
Hallandale, FL

4. FEI Number
65-0752422

Applied For
Not Applicable

Zip 33009

Country

Zip 33009

Country

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

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**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]*

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

(NOTE: Registered Agent signature required when translating)

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-STATE-ZIP
PSD
Fanea, Emanoil
3170 Pembroke Road
Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
Dumitru Cladovan
3170 Pembroke Road
Hallandale, FL 33009

TITLE
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CITY-STATE-ZIP

**DO NOT WRITE
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03

Date

954-964-3620

Daytime Phone #

CR2E034B (12/02)