

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90045 016 ***150.00

DOCUMENT # P01000066741

1. Entity Name

F.D. & SONS CORP

Principal Place of Business

**4772 ORCARD LANE
 DELRAY BEACH FL 33445**

Mailing Address

**4772 ORCARD LANE
 DELRAY BEACH FL 33445**

2. Principal Place of Business

11243 Kendall Dr

3. Mailing Address

11243 Kendall Dr

Suite, Apt. #, etc.

F 205

Suite, Apt. #, etc.

F 205

City & State

Miami Florida

City & State

Miami Florida

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-1128478

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HERASME, FRANK M
 4772 ORCHARD LANE
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name **Herasme Frank**

Street Address (P.O. Box Number is Not Acceptable)
4772 Orchard Ln

City

DeRay Beach

FL

Zip Code

33445

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 **Frank M Herasme**

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

(NOTE: Registered Agent signature required when reinstating)

4/16/02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **HERASME, FRANK M**
 STREET ADDRESS **4772 ORCHARD LANE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **V** ☐ Delete
 NAME **MONTERO, DORADO**
 STREET ADDRESS **4772 ORCHARD LANE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **MONTERO DORADO**
 STREET ADDRESS **11243 Kendall Dr APT F205**
 CITY-ST-ZIP **Miami FL 33176**

TITLE **V** ☒ Change ☐ Addition
 NAME **Herasme Frank**
 STREET ADDRESS **4772 Orchard Ln**
 CITY-ST-ZIP **DeRay Beach FL 33445**

TITLE **PM** ☐ Change ☒ Addition
 NAME **Peters Thop**
 STREET ADDRESS **11243 Kendall Dr APT F205**
 CITY-ST-ZIP **Miami FL 33176**

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

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

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

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

4/16/02

DATE

305-412-4443

DAYTIME PHONE #

CR2E034 (9/01)