

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91175 030 ***150.00

DOCUMENT # P02000118259

1. Entity Name
FATHER AND SONS PAINTING AND WATERPROOFING, INC.



Principal Place of Business
10425 N.W. 19TH AVENUE
MIAMI FL 33147

Mailing Address
10425 N.W. 19TH AVENUE
MIAMI FL 33147

2. Principal Place of Business
10425 N.W. 19th Avenue

3. Mailing Address
10425 N.W. 19th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
74-306-9985

Applied For
Not Applicable

Zip
33147

Country
U.S.

Zip
33147

Country
U.S.

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

ISAAC, RICHARD R
9211 LITTLE RIVER BOULEVARD
MIAMI FL 33147

Name **Richard Isaac**
Street Address (P.O. Box Number is Not Acceptable)
9211 Little River Boulevard
City **Miami** **FL** **Zip Code** **33147**

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 *Richard R. Isaac*

DATE **4/25/03**

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **BROOMFIELD, JACKIE**
STREET ADDRESS **10425 N.W. 19TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☒ **Delete**
NAME **ALEXAND, WHITFIELD**
STREET ADDRESS **1471 N.W. 93RD STREET**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ **Delete**
NAME **SLAYMON, ANWAR**
STREET ADDRESS **1471 N.W. 93RD STREET**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS
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TITLE ☐ **Delete**
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CITY-ST-ZIP

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

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 life empowered.

SIGNATURE: *Richard R. Isaac*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/03**

DAYTIME PHONE # **305-694-0357**

CR2E034 (10/02)