

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 032 ***150.00

DOCUMENT # **P03000082719**

1. Entity Name

**FATHER + SON HOME INVESTORS
CORP.**



DO NOT WRITE IN THIS SPACE

24068869

2. Principal Place of Business

3. Mailing Address

18131 NW 82 AVE
Suite, Apt. #, etc.

18131 NW 82 AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

01-0793231

Applied For

Not Applicable

Zip

33015

Country

US

Zip

33015

Country

US

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
EDGARDO ALVAREZ, JR.

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

18131 NW 82 AVE.

City
MIAMI LAKES

FL

Zip Code

33015

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

4-28-04

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 - ST - ZIP
**PT
ALVAREZ, EDGARDO I. SR
18131 NW 82 AVE.
MIAMI LAKES, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VS
ALVAREZ, EDGARDO JR
18131 NW 82 AVE.
MIAMI LAKES, FL 33015**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGARDO I. ALVAREZ SR

Date

4/28/04 (305) 302-4256

Daytime Phone #

CR2E034B (12/02)