

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90015 034 ***150.00

DOCUMENT # P93000005358

1. Entity Name

FATHER AND SON C.C., INC.

Principal Place of Business

Mailing Address

6418 SW 7 ST
 PEMBROKE PINES FL 33023

6418 SW 7TH ST
 PEMBROKE PINES FL 33023-1520
 US

A0035217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6418 SW 7 ST
 Suite, Apt. #, etc.
 House

Same
 Suite, Apt. #, etc.
 House

City & State
 Pembroke Pines, FL

City & State
 FLA.

4. FEI Number

65-0379840

Applied For

Not Applicable

Zip
 33023

Country
 USA

Zip
 33023

Country
 USA

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

ADAURO, DOUGLAS
 6418 SW 7 ST
 PEMBROKE PINES FL 33023

Name
 Douglas N/A
 Street Address (P.O. Box Number is Not Acceptable)

City
 FL Zip Code

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 Douglas Adaur DATE 4/2/00
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAURO, DOUGLAS 6418 SW 7 ST PEMBROKE PINES FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Douglas Adaur
(Signature and typed or printed name of signing officer or director)

DATE 4/2/00 DAYTIME PHONE # 954-558 7979

CF 014 19/99