

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000069655**

1. Entity Name

FATHER & SONS INTERNATIONAL TRADING, INC.**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90790 041 ***150.00

Principal Place of Business

Mailing Address

7726 HINSDALE DR
TAMPA FL 33615
USP. O. BOX 17253
TAMPA FL 33682-7253
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3269641**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHAER, JIHAD M
7726 HINSDALE DR
TAMPA FL 33615

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VPD	SHAER, JIHAD M	P.O. BOX 17253	TAMPA FL 33682-1253	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	SHAER, MAHMOUD S	P.O. BOX 17253	TAMPA FL 33268-1253	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SHAER, BASSAM R	224 N. 24TH AVE E	DULUTH MN 55812	<input type="checkbox"/>	D	SHAER, BASSAM R	1621 East 8th Street	Duluth, MN. 55812	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

JIHAD M. SHAER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR04-27-2000
Date888-7156
Daytime Phone #