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May 15, 2003 8:00 am
Secretary of State
05-15-2003 90117 019 ***158.75

90135282

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101461

1. Entity Name
FATHER & SON RESTAURANTS, INC.

Principal Place of Business	Mailing Address
6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487	6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
621 NW 53RD STREET	621 NW 53RD STREET
Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 320
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip / Country 33487 / USA	Zip / Country 33487 / USA

4. FEI Number
65-0803503
☐ Applied For ☐ Not Applicable

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
POLIMENI, DOMINICA A 6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487	Name: POLIMENI, DOMINIC A. Street Address (P.O. Box Number Is Not Acceptable): 621 NW 53RD STREET SUITE 320 City: BOCA RATON FL Zip Code: 33487

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: Dominic A. Polimeni DOMINIC A. POLIMENI 5/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLIMENI, DOMINIC A 6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLIMENI, DOMINIC A. 621 NW 53RD STREET, SUITE 320 BOCA RATON FL 33487 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLIMENI, DEAN A 6400 CONGRESS AVE., SUITE 2000 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLIMENI, DEAN A. 621 NW 53RD STREET, SUITE 320 BOCA RATON, FL 33487 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 like empowered.

SIGNATURE: Dominic A. Polimeni DOMINIC A. POLIMENI 5/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # (561) 866-5104

Attachment 90135282

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5/12/03

I Respectfully Request That The Late Fee Be Waived, As The UBR Form Was Not Received In The Mail Probably Due To The Move of The Office To A New Address. Thank You.

Dominic A. Polimeni