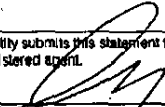
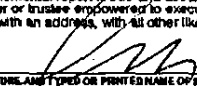


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91521 001 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037975		
1. Entity Name FATHER AND SON PORTFOLIOS, INC.		
Principal Place of Business 219 WEST DAVIE ROAD FORT LAUDERDALE, FL 33315		Mailing Address 219 WEST DAVIE ROAD FORT LAUDERDALE, FL 33315
2. Principal Place of Business 219 West Davie Blvd Suite, Apt. #, etc.		3. Mailing Address 219 W Davie Blvd Suite, Apt. #, etc.
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL
Zip 33315		Country USA
4. FEI Number 65-0839012		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAMMARCO, VINCENT T 9141 TAFT STREET PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code
A. 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 		DATE 4/24/03
B. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	PD MEYER, RICHARD B ☐ Delete	
NAME	MEYER, RICHARD B	
STREET ADDRESS	219 WEST DAVIE ROAD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD Meyer, Richard B ☒ Change ☐ Addition	
NAME	MEYER, RICHARD B	
STREET ADDRESS	219 West Davie Blvd	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
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 like empowered.		
SIGNATURE: 		DATE 4/24/03 954-593-3550
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #

10090300



CHECK HERE IF MAKING CHANGES

CR2034 (10/02)