2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90060 024 ***150.00

722146

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000088149

1. Entity Name
HALLEY, CALKINS & HALLEY, P.A. NAME CHANGED TO HALLEY & HALLEY, P.A. 1/8/01

Principal Place of Business	Mailing Address
801 BRICKELL AVE. 9TH FLOOR MIAMI FL 33131	801 BRICKELL AVE. 9TH FLOOR MIAMI FL 33131

2. Principal Place of Business		3. Mailing Address	
240 CRANDON BLVD		240 CRANDON BLVD	
Suite, Apt. #, etc.: SUITE 283		Suite, Apt. #, etc.: SUITE 283	
City & State: KEY BISCAYNE, FL		City & State: KEY BISCAYNE, FL	
Zip: 33149	Country:	Zip: 33149	Country:

4. FEI Number 65-0548973 ☐ 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
HALLEY, THOMAS 801 BRICKELL AVE 9TH FLOOR MIAMI FL 33131	Name: HALLEY, THOMAS Street Address (P.O. Box Number is Not Acceptable): 240 CRANDON BLVD. SUITE 283 City: KEY BISCAYNE FL Zip Code: 33149

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 THOMAS HALLEY [signature] 1/22/01
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, 2001 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	DPS HALLEY, THOMAS V 801 BRICKELL AVE. MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HALLEY, THOMAS V. 240 CRANDON BLVD, SUITE 283 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] THOMAS V. HALLEY 1/22/01 305 423 4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)