

2002 UNIFORM BUSINESS REPORT (UBR)

005691 AV

DOCUMENT # 531541

1. Entity Name
SHARON K. HAMLIN P.A.

FILED

02 AUG -5 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
14430 SW 96TH AVE
MIAMI FL 33176

Mailing Address
14430 SW 96TH AVE
MIAMI FL 33176

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0110715
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~BECHMAN, GILBERT~~
14430 SW 96TH AVE
MIAMI FL 33176

7. Name and Address of New Registered Agent
Name Sharon Hamlin
Street Address (P.O. Box Number is Not Acceptable) 14430 SW 96 AVE
City Miami FL Zip Code 33176

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 Sharon K Hamlin DATE 7/30/02
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMLIN, SHARON K 14430 SW 96TH AVE MIAMI FL <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600006972216--7 -08/08/02--01037--017 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. **002507**

1. DECEDENT'S NAME: **Gilbert** FIRST **Gechman** LAST

2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **February 17, 2002**

4. SOCIAL SECURITY NUMBER: **205-28-6611**

5. AGE (Last Birthday): **63** Months **63** Days **0** Hours **0** Minutes

6. DATE OF BIRTH (Month, Day, Year): **October 26, 1938**

7. BIRTHPLACE (City and State or Foreign Country): **Philadelphia Pennsylvania**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): **No**

9. PLACE OF DEATH (Check only one; see instructions on other side): **At Home**

10. CITY, TOWN, OR LOCATION OF DEATH: **Miami**

11. COUNTY OF DEATH: **Miami-Dade**

12. SURVIVING SPOUSE (If wife, give maiden name): **Sharon K. Hamlin**

13. MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**

14. DECEDENT'S USUAL OCCUPATION: **Accountant**

15. KIND OF BUSINESS/INDUSTRY: **Accounting**

16. PLACE OF DEATH (If not institution, give street and number): **Baptist Hospital of Miami**

17. DECEDENT'S USUAL RESIDENCE - STATE: **Florida**

18. COUNTY: **Miami-Dade**

19. CITY, TOWN, OR LOCATION: **Miami**

20. STREET AND NUMBER: **14430 SW 96th Avenue**

21. INSIDE CITY LIMITS (Yes or No): **Yes**

22. ZIP CODE: **33176**

23. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify his or her race - if race, specify Mexican, Cuban, Mexican/Puerto Rican, etc.): **No**

24. RACE - American Indian, Black, White, etc. (Specify): **White**

25. DECEDENT'S EDUCATION (Specify only highest grade completed): **College (14 or 15)**

26. FATHER'S NAME (First, Middle, Last): **Joseph Gechman**

27. MOTHER'S NAME (First, Middle, Last): **Francis Selanick**

28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **14430 SW 96th Avenue Miami FL 33176**

29. METHOD OF DISPOSITION: **Interment**

30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Allen & Shaw Crematory, Inc.**

31. LOCATION - City or Town, State: **Opal-Locka, Florida**

32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **Marian Lee Shaw**

33. LICENSE NUMBER (If Licensee): **KA-400**

34. NAME AND ADDRESS OF FACILITY: **Allen & Shaw Cremations, Inc. 13931 NW 20th Court Opal-Locka FL 33054**

35. DATE SIGNED (Month, Day, Year): **02-20-02**

36. HOUR OF DEATH: **4:40 p**

37. DATE SIGNED (Month, Day, Year): **02-20-02**

38. HOUR OF DEATH: **4:40 p**

39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **David B. Goldberg, MD, 9380 SW 150th St., #290, Miami, Florida 33176**

40. LOCAL REGISTRAR - Signature: **Monica Danbar**

41. DATE REGISTERED: **FEB 25 2002**

42. PART I: Show the disease, injury, or complication that caused the death. On one other line state of dying, such as cardiac arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Cardiac arrest**

INTERMEDIATE CAUSE (If any, leading to immediate cause, show UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST): **Due to (or as a consequence of):**

43. PART II: Other significant conditions contributing to death but not resulting in the underlying cause shown in Part I.

44. IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED: **No**

45. DATE OF SURGERY (Month, Day, Year): **No**

46. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Yes or No): **No**

47. PROBABLE MANNER OF DEATH (Specify): **Natural, accident, suicide, homicide, or undetermined.**

48. DATE OF INJURY (Month, Day, Year): **No**

49. TIME OF INJURY: **No**

50. INJURY AT WORK? (Yes or No): **No**

51. DESCRIBE HOW INJURY OCCURRED: **No**

52. PLACE OF INJURY - In home, farm, street, factory, etc. (Specify): **No**

53. LOCATION (Street and Number or Rural Route Number, City or Town, State): **No**

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: **Monica Danbar**MAR 01 2002
State Registrar

WARNING:

9527417

THIS DOCUMENT IS PRINTED ON PHOTOCOPIED SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THIS DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1584A (3/99)

DEPARTMENT OF
HEALTH

CERTIFICATION OF VITAL RECORD

Attachment

Sharon K. Hamlin, P.A.
CERTIFIED PUBLIC ACCOUNTANT

531541

14430 S.W. 96th Avenue
Miami, Florida 33176
Phone: 305-238-8003, Fax: 305-238-5639
e-mail: sgilhamlin@mcl2000.com

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32301-1500

Re: Sharon K. Hamlin, PA
65-0110715

Dear Sir or Ms:


I just received your form for the 2002 Uniform Business Report indicating that it had not been filed by May 31, 2002.

I am a practicing CPA with a tax practice. My husband and partner, Gilbert Gechman, always took care of the company finances and tax filings. He died on February 17, 2002, the midst of my heavy tax season. I have enclosed a copy of his death certificate. During the following months of tax season, I did not see the original form, nor think about it as I was struggling to do my clients work and coping with his death. We had always filed all of our returns timely.

I am asking that you abate the late filing fee of \$400.00 in this instance due to extreme nature of the situation. I am enclosing a check in the amount of \$150.00 represently the normal fee due.

Please consider what was a very difficult period for me and abate the late filing fee of \$400.00.

Sincerely,



Sharon K. Hamlin

Enclosures