

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604653

1. Entity Name

CORLETT KILLIAN, A PROFESSIONAL ASSOCIATION

Principal Place of Business

116 WEST FLAGLER ST.
MIAMI FL 33130

Mailing Address

22385 COUNTY RD 455
HOWEY IN THE HILLS FL 34737
US

2. Principal Place of Business

13642 DEERING BAY DRIVE

3. Mailing Address

10729 SW 104 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33158

Country

Zip

33176

Country

4. FEI Number

59-1485502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILLIAN, A DAN JR
101 COSTA BRAVA DRIVE
ISLAMORADA FL 33156

7. Name and Address of New Registered Agent

Name
STEVEN GOLDSTON

Street Address (P.O. Box Number is Not Acceptable)

10729 SW 104 STREET

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.

SIGNATURE

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

STEVEN GOLDSTON

(NOTE: Registered Agent signature required when reinstating)

3-11-01

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

TITLE PD
NAME CORLETT, E S III
STREET ADDRESS 116 W FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 00000 ☐ Delete

TITLE ST
NAME MORALES, MARIA ELENA
STREET ADDRESS 22385 COUNTY RD 455
CITY-ST-ZIP HOWEY IN THE HILLS FL 34737 ☐ Delete

TITLE VD
NAME KILLIAN, DAN A JR
STREET ADDRESS 116 W FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 00000 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13642 DEERING BAY DRIVE
CITY-ST-ZIP MIAMI, FL 33158

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 101 COSTA BRAVA DRIVE
CITY-ST-ZIP ISLAMORADA, FL 33156

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90050 030 ***150.00

U0045221



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)