

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90952 019 ***150.00

DOCUMENT # H94276

1. Entity Name
JOHN G. SHILEY, P.A.

Principal Place of Business 3225 AVIATION AVE. #600 MIAMI FL 33133-4741 US	Mailing Address 3225 AVIATION AVE #600 MIAMI FL 33133-4741 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2664176	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

**SHILEY, JOHN G.
 3225 AVIATION AVE
 STE 600
 COCONUT GROVE FL 33133**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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	DP SHILEY, JOHN G. 3225 AVIATION AVE. SUITE 600 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHILEY, JOHN G. 5841 S.W. 80th ST. SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: *John G. Shiley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (305) 854-4200
 Date Daytime Phone #

CR2E034 (10/00)

98091

Attachment

Line-by-Line Instructions (continued from Page 4)

Line 5. Florida Net Income – Subtract lines 3 and 4 from the sum of Lines 1 and 2 and enter the difference on Line 5. (Line 1 + Line 2 - Line 3 - Line 4). If this amount is negative, check the box, and enter zero (0) on Line 6.

Line 6. Corporate Income Tax Due – Enter 5.5 percent of Line 5. If Line 5 is zero (0) or less, enter zero (0) on Line 6. If this amount is \$2,500 or greater, you cannot file Form F-1120A. See "Information and Forms" on Page 6 for information on obtaining Form F-1120.

Line 7. Payment Credits – Enter the total of the tentative tax paid with Form F-7004 (Florida Tentative Income Tax Return and Application for Extension of Time to File Return) plus estimated tax payments, if any, made for the taxable year, or carryovers from previous years, plus the amount of any corporate income tax credit correction notices issued by the Department.

Line 8. Penalty and Interest – If penalties or interest apply, enter the amount on this line.

Penalties

Late-Filed Return – The penalty for a late-filed return is 10 percent per month, or fraction thereof, not to exceed 50 percent of the tax due with the return. If no tax is due and a return is filed late, the penalty is \$50 per month, or fraction thereof, not to exceed \$300.

Underpayment of Tentative Tax – The penalty for underpayment of tentative tax is 12 percent per year during the extension period on the underpaid amount from the original due date of the return.

Incomplete Return – For an incomplete return, the penalty is the greater of \$300 or 10 percent of the tax finally determined to be due, not to exceed \$10,000. An incomplete return is one that cannot be readily handled, verified or reviewed.

Fraudulent Return – The penalty for filing a false or fraudulent return is 100 percent of the deficiency.

F-1120A
R. 01/01
Page 582444
Doc. # H94276

(Continued on Page 6)

Detach Here

Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct
- The business location changes
- The corporation name changes

Mail to:

FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

JOHN G SHILEY PA
3225 AVIATION AVE STE 600
MIAMI FL 33133-4741

CORP

FEIN of Entity 59-2664176

CHANGE
INNew
Location
Address

Business Location 5841 S.W. 80th ST.
City SOUTH MIAMI State FL ZIP 33143
Business Telephone (305) 854-4200 County USA

In Care of

New
Mailing
Address

Mailing Address 5841 S.W. 80th ST.
City SOUTH MIAMI State FL ZIP 33143
Owner's Telephone (305) 854-4200 County USA

New
Business
Name

DBA

New
Corporation
Name

Signature of Officer (Required)

Date

0000 0 20001231 0002000999 8 3592664176 0000 7

Florida Department of Revenue — Corporate Income Tax

F-1120ES
R. 01/01

**Declaration/Installment of Florida Estimated Income/Franchise and/or
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2001**

Installment # _____

You must write within the boxes.
(example)

0 1 2 3 4 5 6 7 8 9

If typing, type through the boxes.

(example) 0 1 2 3 4 5 6 7 8 9

Write your numbers as shown and enter one number per box.

CORP-ES

JOHN G SHILEY PA
3225 AVIATION AVE STE 600
MIAMI FL 33133-4741

FEIN

5 9 2 6 6 4 1 7 6

Taxable
Year End

M M D 2 3 1 0 Y Y

Estimated Tax Payment

(See Reverse Side)

US DOLLARS

CENTS

0 0 0 0 0 0 0 0 0 0 . 0 0

Office Use
Only

M M D D Y Y

Check here if you transmitted
funds electronically ☐

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0135

0000 0 20011231 0002005033 5 3592664176 0000 7