

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90025 022 ***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**



2. Principal Place of Business

7875 BIRD ROAD #221

3. Mailing Address

7875 BIRD ROAD

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33155

Country

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33155

Country

4. FEI Number **59-2664176**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7875 BIRD ROAD #221

City **MIAMI**

FL

Zip Code **33155**

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.

(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, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **SHILEY, JOHN G.**
 CITY-ST-ZIP **5841 SW 80TH ST
 SOUTH MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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

4/29/02 786 388 0047
 Date Daytime Phone #

CR2E034 (9/01)