

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90003 028 \*\*\*150.00

**DOCUMENT # P00000011823**

**1. Entity Name**  
**CHRIS MCALILEY, P.A.**

**Principal Place of Business**  
**1200 ALFRED I. DUPONT BLDG.**  
**169 E. FLAGLER ST.**  
**MIAMI FL 33131**

**Mailing Address**  
**1200 ALFRED I. DUPONT BLDG.**  
**169 E. FLAGLER ST.**  
**MIAMI FL 33131**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**Applied For**

**Not Applicable**

Zip

Country

Zip

Country

**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**

**MCALILEY, CHRIS**  
**1200 ALFRED I. DUPONT BLDG.**  
**169 E. FLAGLER ST.**  
**MIAMI FL 33131**

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**

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 \$550.00**  
**After September 12, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Delete  
**MCALILEY, CHRIS**  
**169 E. FLAGLER ST.**  
**MIAMI FL 33131**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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:**

**CHRIS MCALILEY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/3/01**

**305-374-7771**  
 Date Daytime Phone #

0006296 AV

CR2E034 (5/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011823

1. Entity Name

CHRIS MCALILEY, P.A.

Principal Place of Business

1200 ALFRED I. DUPONT BLDG.  
169 E. FLAGLER ST.  
MIAMI FL 33131

Mailing Address

1200 ALFRED I. DUPONT BLDG.  
169 E. FLAGLER ST.  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

05-0976118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCALILEY, CHRIS  
1200 ALFRED I. DUPONT BLDG.  
169 E. FLAGLER ST.  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

Signature (typed or printed name of registered agent and filed if applicable)

(NOTE: Registered Agent signature required for re-registration)

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. Elect to Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCALILEY, CHRIS  
CITY-ST-ZIP 169 E. FLAGLER ST.  
MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Add  
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 637, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris McAliley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

305-374

Daytime Phone #

Attachment  
A0076724

DO NOT WRITE IN THIS SPACE

Attachment  
D#P0000001893  
A007672H

**MANDEL & McALILEY** LLP  
C O U N S E L O R S A T T A C H E D

1200 Alfred I. duPont Building  
169 East Flagler Street  
Miami, Florida 33131  
Telephone 305.374.7771  
Facsimile 305.374.7776

**Chris McAliley, P.A.**

July 3, 2001

Florida Department of State  
Division of Corporations  
"Reinstatements"  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

In today's mail I received a "2001 Uniform Business Report" that indicates that I am past due on my annual fee. I then called your office and "Marquitta" confirmed that your records do not reflect payment of that fee.

Chris McAliley

In fact, check number 1049 written on the "Chris McAliley, P.A." account at Sun Trust bank to the Fla. Department of State on January 18, 2001 in the amount of \$150 was made in payment of my P.A.'s annual fee. I kept a copy of the report, which is enclosed. However, when I checked my records I saw that I never received the cancelled check. It appears that my check and my original Uniform Business Report were lost either in the mail, or at your office.

I am resubmitting the report and the \$150.00 fee and have ordered my bank to not accept check number 1049 should it be presented. I trust that under these circumstances you will not require payment of the late fee from me.

Should you have any questions, I can be reached at the above number. Thank you in advance for your assistance in this matter.

Sincerely,

  
Chris McAliley