

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064325

1. Entity Name
SHELLEY REALTY CORPORATION

Principal Place of Business
100 N. BISCAYNE BLVD., STE. 2608
MIAMI FL 33132

Mailing Address
100 N. BISCAYNE BLVD., STE. 2608
MIAMI FL 33132

2. Principal Place of Business
66 West Flagler St.
Suite 320

3. Mailing Address
66 West Flagler St.
Suite 320

City & State
Miami FL
Zip
33130

Country
USA

City & State
Miami FL
Zip
33130

Country
USA

4. FEI Number
45-1025311

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERNSTEIN, JEFFREY A
100 N. BISCAYNE BLVD., STE. 2608
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name Robert J. Shelley
Street Address (P.O.-Box-Number is Not Acceptable)
66 West Flagler Street
Suite 320
City Miami FL Zip Code 33130

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  President 10/1/2001
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

TITLE D
NAME SHELLEY, ROBERT J IV
STREET ADDRESS 100 N. BISCAYNE BLVD., STE. 2608
CITY-ST-ZIP MIAMI FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Shelley, Robert J.
STREET ADDRESS 66 West Flagler Street Suite 320
CITY-ST-ZIP Miami FL 33130

TITLE
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CITY-ST-ZIP

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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:  10/1/2001 305-377-2119
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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