

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90082 007 \*\*\*150.00

**DOCUMENT # P00000064325**

1. Entity Name

**SHELLEY REALTY CORPORATION**

Principal Place of Business

66 WEST FLAGLER ST.  
 STE. 320  
 MIAMI FL 33130  
 US

Mailing Address

66 WEST FLAGLER ST.  
 STE. 320  
 MIAMI FL 33130  
 US

2. Principal Place of Business

**9155 South Dadeland Blvd**

Suite, Apt. #, etc.

**Suite 1810**

City & State

**Miami FL**

Zip

**33156**

Country

**U.S.A.**

3. Mailing Address

**9155 South Dadeland Blvd**

Suite, Apt. #, etc.

**Suite 1810**

City & State

**Miami FL**

Zip

**33156**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1025311**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHELLEY, ROBERT J**  
**66 WEST FLAGLER ST.**  
**STE. 320**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

**Robert J. Shelley**

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

**9155 South Dadeland Blvd**

**Suite 1810**

City

**Miami**

**FL**

Zip Code

**33156**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHELLEY, ROBERT J IV</b>	
STREET ADDRESS	<b>66 WEST FLAGLER ST., STE. 320</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert J. Shelley</b>	
STREET ADDRESS	<b>9155 S. Dadeland Blvd</b>	
CITY-ST-ZIP	<b>Miami FL 33156</b>	
TITLE	<b>Sec + Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jennifer Ingham Shelley</b>	
STREET ADDRESS	<b>9155 S. Dadeland Blvd</b>	
CITY-ST-ZIP	<b>Miami FL 33156</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Robert J. Shelley**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2002**  
 Date

**305-670-8837**  
 Daytime Phone #

CR2E034 (9/01)