

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90059 029 \*\*\*150.00

0158203

DOCUMENT # P98000028358

1. Entity Name

LAW OFFICE OF CORNELIUS SHIVER, P.A.

Principal Place of Business

3692 B GRAND AVE  
MIAMI FL 33133

Mailing Address

3692 B GRAND AVE  
MIAMI FL 33133

2. Principal Place of Business

3337 THOMAS AVE.

3. Mailing Address

P.O. BOX 331542

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33233

Country

USA

4. FEI Number

65-0820688

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIVER, CORNELIUS  
3692-B GRAND AVE  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: Cornelius Shiver  
Street Address (P.O. Box Number is Not Acceptable)

3337 THOMAS AVE.

City: MIAMI

FL

Zip Code: 33133

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

3/31/2001

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

TITLE: D  
NAME: SHIVER, CORNELIUS  
STREET ADDRESS: 3692-B GRAND AVE  
CITY-ST-ZIP: MIAMI FL 33133  
☒ Delete

TITLE: PVST  
NAME: SHIVER, CORNELIUS  
STREET ADDRESS: 3692-B GRAND AVE  
CITY-ST-ZIP: MIAMI FL 33133  
☒ Delete

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

TITLE: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DIRECTOR  
NAME: Shiver, Cornelius  
STREET ADDRESS: P.O. BOX 331542  
CITY-ST-ZIP: MIAMI, FL 33233  
☒ Change ☐ Addition

TITLE: PVST  
NAME: SHIVER, Cornelius  
STREET ADDRESS: P.O. BOX 331542  
CITY-ST-ZIP: MIAMI, FL 33233  
☒ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2001

(305) 441-8202

CR2E034 (10/00)