

2000 UNIFORM BUSINESS REPORT (UBR)

5/14

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-15-2000 90149 007 ***150.00

DOCUMENT # P96000005574

1. Entity Name

MCKEAN CONSULTING, INC.

Principal Place of Business

6401 SW 87 AVE., STE. 210
 MIAMI FL 33173

Mailing Address

6401 SW 87 AVE., STE. 210
 MIAMI FL 33173-2521

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0632152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MCKEAN, RANDOLPH
 6401 SW 87 AVE., STE. 210
 MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

JOEL CHRYCY

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

6401 SW 87th AVE Suite 210

City **Miami**

FL

Zip Code **33173**

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)

6/16/00
 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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	MCKEAN, RANDOLPH	
STREET ADDRESS	6401 SW 87TH AVE. #210	
CITY-ST-ZIP	MIAMI FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL R. CHRYCY	
STREET ADDRESS	6401 SW 87th AVE #210	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD B. PAUL	
STREET ADDRESS	6401 SW 87th AVE #210	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIE J. BYINGTON	
STREET ADDRESS	6401 SW 87th AVE #210	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMIE J. BYINGTON	
STREET ADDRESS	6401 SW 87th AVE #210	
CITY-ST-ZIP	MIAMI FL 33173	
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

Jamie J. Byington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

(205) 270-0880
 Daytime Phone #

CR2E034 (9/99)