

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90291 035 ***550.00

DOCUMENT # P02000035005

1. Entity Name
MCLEAN COMMUNICATIONS, INC.



Principal Place of Business
11 ISLAND AVENUE, #1208
MIAMI BEACH FL 33139

Mailing Address
11 ISLAND AVENUE, #1208
MIAMI BEACH FL 33139



2. Principal Place of Business
12550 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.
SUITE #500

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NORTH MIAMI, FLORIDA

City & State

4. FEI Number
33-1002718

Applied For
Not Applicable

Zip
33139

Country
USA

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCLEAN, COLLIN
11 ISLAND AVENUE, #1208
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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MCLEAN, COLLIN
11 ISLAND AVENUE, #1208
MIAMI BEACH, FL 33139

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CITY-ST-ZIP
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DUFF, CANDACE
11 ISLAND AVENUE #1208
MIAMI BEACH, FL 33139

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **COLLIN MCLEAN**

08/05/03

305 799 0863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)