

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90336 033 ***158.75

DOCUMENT # P02000071590

1. Entity Name
KEYMAN MANAGEMENT, INC.



Principal Place of Business
6882 NW 173 DR #806
MIAMI FL 33015

Mailing Address
6882 NW 173 DR #806
MIAMI FL 33015



2. Principal Place of Business
8830 N.W. 11th Ct.
Suite, Apt. #, etc.

3. Mailing Address
8830 N.W. 11th Ct.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL.
Zip **33024** **Country** **U.S.A.**

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Pembroke Pines, FL.
Zip **33024** **Country** **U.S.A.**

4. FEI Number
33-1010396

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CARLOS A
6882 NW 173 DR #806
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name **CHRISTOPHER E. BENJAMIN, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
19 W. Flagler St. Suite #510
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/25/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, CARLOS A 6882 NW 173 DR #806 MIAMI FL 33015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Garcia, Carlos A. 8830 N.W. 11th Ct Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit, with all other like empowered.

SIGNATURE *[Signature]* **President** **1/20/03** **305-479-6963**
Date Daytime Phone #

CR2E034 (10/02)