

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93593 006 ***150.00

DOCUMENT # P93000044650

1. Entity Name

KEYSTONE MANAGEMENT CORPORATION ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 S OCEAN BLVD.

Suite, Apt. #, etc.

SUITE 1704

City & State

BOCA RATON FL 33432

Zip

Country

3. Mailing Address

500 S. OCEAN BLVD.

Suite, Apt. #, etc.

SUITE 1704

City & State

BOCA RATON FL 33432

Zip

Country

4. FEI Number

65-0418893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SHAPIRO & DECTOR, P.A.

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

7777 GLADES ROAD

SUITE 200

City

BOCA RATON

FL

Zip Code

33434

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
TYGHEM, MARVIN
500 S. OCEAN BLVD SUITE 1704
BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
TYGHEM, THOMAS
500 S. OCEAN BLVD SUITE 1704
BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN TYGHEM 4/26/02 (954) 421-2500

Date

Daytime Phone #

CR2E034B (12/01)