

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000011424**1. Entity Name
MACEAN CORPORATION

Principal Place of Business	Mailing Address
4892 NORTH CITATION DR.	4892 NORTH CITATION DR.
SUITE 205	SUITE 205
DELRAY BEACH FL	DELRAY BEACH FL
33445	33445

2. Principal Place of Business
4892 N CITATION DR3. Mailing Address
4892 N CITATION DRSuite, Apt. #, etc.
APT 205Suite, Apt. #, etc.
APT 205City & State
DELRAY BEACH FLCity & State
DELRAY BEACH FLZip Country
33445 USZip Country
33445 US4. FEI Number
65-0811806Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMACEAN ADRIAN
3551 ESTEPONA AVEMIAMI FL
331782953 US**7. Name and Address of New Registered Agent**Name
MACEAN ADRIANStreet Address (P.O. Box Number is Not Acceptable)
4892 N CITATION DR

APT 205

City FL Zip Code
DELRAY BEACH 33445

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 _____ **01/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACEAN CECILIA C 3551 ESTEPONA AVE MIAMI FL 331782953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACEAN ADRIAN 3551 ESTEPONA AVE MIAMI FL 331782953	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACEAN CECILIA L 4892 N CITATION DR APT 205 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACEAN ADRIAN 4892 N CITATION DR APT 205 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ADRIAN MACEAN

PD 01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)