

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90010 010 ***150.00

DOCUMENT # P98000011424

1. Entity Name
MACEAN CORPORATION

Principal Place of Business

212 IVA D ESTE
APT. 1106
DELRAY BEACH FL 33445
US

Mailing Address

212 IVA D ESTE
APT. 1106
DELRAY BEACH FL 33445
US

2. Principal Place of Business

212 VIA D ESTE

Suite, Apt. #, etc.
1106

City & State
DELRAY BEACH FL

Zip
33445

Country
USA

3. Mailing Address

212 VIA D ESTE

Suite, Apt. #, etc.
1106

City & State
DELRAY BEACH FL

Zip
33445

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0811806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACEAN, ADRIAN
4892 N CITATION DR
APT 205
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

MACEAN, ADRIAN

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

212 VIA D ESTE # 1106

City
DELRAY BEACH

FL

Zip Code
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 *Macean Adrian* - **ADRIAN MACEAN - PRESIDENT**

1-11-2002

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PD** ☐ Delete
NAME **MACEAN, ADRIAN**
STREET ADDRESS **4892 N CITATION DR APT 205**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **V** ☐ Delete
NAME **MACEAN, CECILIA L**
STREET ADDRESS **4892 N CITATION DR APT 205**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MACEAN, ADRIAN**
STREET ADDRESS **212 VIA D ESTE # 1106**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **V** ☒ Change ☐ Addition
NAME **MACEAN, CECILIA L**
STREET ADDRESS **212 VIA D ESTE # 1106**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Macean Adrian* - **ADRIAN MACEAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2002

Date

(561) 997-9364

Daytime Phone #

CR2E034 (9/01)