

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91502 013 \*\*\*150.00

**DOCUMENT # P99000084724**

1. Entity Name

**KEYNOTE MANAGEMENT, INC.**

Principal Place of Business

**3720 CANTERBURY WAY  
 BOCA RATON FL 33434**

Mailing Address

**3720 CANTERBURY WAY  
 BOCA RATON FL 33434**

2. Principal Place of Business

**2424 N. Federal Highway  
 Suite, Apt. #, etc.  
 Suite 450**

3. Mailing Address

**2424 N. Federal Highway  
 Suite, Apt. #, etc.  
 Suite 450**

City & State

**Boca Raton, Florida**

City & State

**Boca Raton, Florida**

Zip

**33431**

Country

**U.S.A.**

Zip

**33431**

Country

**U.S.A.**

4. FEI Number

**65-0950252**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MURDOCH, ROBERT E ESQ.  
 JOHNSON, ANSELMO, MURDOCH, BURKE, ET AL.  
 790 EAST BROWARD BLVD., SUITE 400  
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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.

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) ☐

**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 **D** ☐ Delete  
 NAME **LLOD, MARIA**  
 STREET ADDRESS **13644 SOUTHWEST 142ND AVE., SUITE D**  
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ Delete  
 NAME **JAEN, ALEJANDRO**  
 STREET ADDRESS **10521 SOUTHWEST 103RD AVE.**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE ☐ Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
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 CITY-ST-ZIP \_\_\_\_\_

TITLE ☐ Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02 (305) 278-9885**  
 Date Daytime Phone #

CR2E034 (9/01)