

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90024 038 \*\*\*150.00

**DOCUMENT # S35185**  
 1. Entity Name  
**MCKEAN MANAGEMENT CORPORATION**

Principal Place of Business  
**6401 SOUTHWEST 87TH AVENUE**  
**SUITE 212**  
**MIAMI FL 33173**

Mailing Address  
**6401 SW 87 AVE**  
**STE 212**  
**MIAMI FL 33173**  
**US**

2. Principal Place of Business  
**9223 GREENBRIER CT.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9223 GREENBRIER CT**  
 Suite, Apt. #, etc.

City & State  
**DAVIE, FL**  
 Zip  
**33328**  
 Country

City & State  
**DAVIE, FL**  
 Zip  
**33328**  
 Country

4. FEI Number **65-0246169**  
 Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCKEAN, DAVID S**  
**6401 SW 87 AVE**  
**STE 212**  
**MIAMI FL 33173**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
**9223 GREENBRIER CT**  
 City **DAVIE** **FL** Zip Code **33328**

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 *David S. McKean* **DAVID S. MCKEAN** **PRESIDENT** **3/7/02**  
 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	<b>DPS</b>			
	<b>MCKEAN, DAVID S</b>			
	<b>6401 S.W. 87TH AVE. 212</b>			
	<b>MIAMI FL</b>			

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>9223 GREENBRIER CT</b>		
	<b>DAVIE, FL</b>		<b>33328</b>	

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: *David S. McKean*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/02** **(554) 4768008**  
 Date Daytime Phone #

CR2E034 (9/01)