

2001 UNIFORM BUSINESS REPORT (UBR)

0029974 AF

DOCUMENT # L99000003257

1. Entity Name
M&Q BROTHERS, L.C.

Principal Place of Business

913 LEHMAN STREET
HOUSTON TX 77018

Mailing Address

913 LEHMAN STREET
HOUSTON TX 77018

2. Principal Place of Business

170 W. Woodstock Cir

3. Mailing Address

P.O. Box No 130966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

The woodlands TX

City & State

The woodlands TX

Zip

TX 77381

Country

Zip

77393

Country

U.S.A

4. FEI Number

65-0925533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACIAS, JORGE
6946 STIRLING ROAD
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

JORGE MACIAS

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

170 W. Woodstock Cir

6946 STIRLING RD

City

Hollywood

FL

Zip Code

33024

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM JORGE MACIAS SIERRA ☐ Delete
STREET ADDRESS 913 LEHMAN STREET
CITY-ST-ZIP HOUSTON TX 77018

TITLE NAME MGRM OLGA LUCIA QUINTERO CUELLAR ☐ Delete
STREET ADDRESS 913 LEHMAN STREET
CITY-ST-ZIP HOUSTON TX 77018

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM JORGE MACIAS SIERRA ☒ Change ☐ Addition
STREET ADDRESS 170 W. Woodstock Cir
CITY-ST-ZIP Houston TX 77381

TITLE NAME MGRM OLGA LUCIA QUINTERO CUELLAR ☒ Change ☐ Addition
STREET ADDRESS 170 W. Woodstock Cir
CITY-ST-ZIP Houston TX 77381

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

04-11-01

Daytime Phone #

2812962556

CR2E083 (11/00)

