

2/13

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-13-2001 90596 011 ***150.00

DOCUMENT # F38157

1. Entity Name

MALONEY & MCQUIRE INC.

Principal Place of Business

Mailing Address

6280 SW 5 CT
PLANTATION FL 333176280 SW 5 CT
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2108918**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONEY, JIM
505 SW 10TH AVE.
FT. LAUDERDALE FL 33312

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 re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSD MALONEY, JIM	505 SW 10TH AVE. FT. LAUDERDALE FL	<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
VTD MCQUIRE, COURT	6280 SW 5TH CT. PLANTATION FL	<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>			<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 807, 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

Date

Daytime Phone #

CR2E034 (10/00)