

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001336

1. Entity Name

MIQ CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90018 015 ***150.00

Principal Place of Business

Mailing Address

777 EASTPORT ROAD
RIVIERA BEACH FL 33404

777 EASTPORT ROAD
RIVIERA BEACH FL 33404-6981

2. Principal Place of Business

777 East Port Road

3. Mailing Address

777 East Port Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2990156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

MCTIGHE, JOHN M
777 EASTPORT ROAD
RIVIERA BEACH FL 33404

Name

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

777 East Port Road

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, 2000 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 C ☐ Delete
NAME QUIGLEY, MICHAEL J
STREET ADDRESS 112 STANLEY AVE.
CITY-ST-ZIP NUTLEY NJ 07110

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

TITLE VCST ☐ Delete
NAME MURRAY, FRANCIS W
STREET ADDRESS 1293 FARM ROAD
CITY-ST-ZIP BERWYN PA 19312

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

TITLE DP ☐ Delete
NAME MURRAY, FRANCIS W
STREET ADDRESS 1200 SOUTH FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME Murray, Francis X.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis X. Murray

2/11/00

Date

561-845-2101

Daytime Phone #

CR2E034 (9/99)