

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90050 044 \*\*\*150.00

**DOCUMENT # L52231**

1. Entity Name

**MCPQ CORP.**

Principal Place of Business

2400 FOREST DRIVE BUILDING  
 APARTMENT 201  
 INVERNESS FL 34453  
 US

Mailing Address

P.O. BOX 1711  
 INVERNESS FL 34451-1711  
 US

*STAYS THE SAME*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*8918 S. THOROUGHBRED Pt.*

*P.O. BOX 1711*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*INVERNESS FL*

City & State

*INVERNESS Florida*

4. FEI Number

**59-2993111**

Applied For

Not Applicable

Zip

Country

*34452 CITRUS*

Zip

Country

*34451 CITRUS*

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

QUINONEZ, PETER J.  
 2400 FOREST DRIVE BUILDING  
 APARTMENT 201  
 INVERNESS FL 34453

Name *PETER J. QUINONEZ*

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

*8918 SOUTH THOROUGHBRED POINT*

City *INVERNESS*

FL

Zip *34452*

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]*

Signature, typed or printed name of registered agent and title if applicable.

*PETER J. QUINONEZ*

(NOTE: Registered Agent signature required when reinstating)

*JAN 2000*

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 **P**  Delete  
 NAME **QUINONEZ, PETER J.**  
 STREET ADDRESS **2400 FOREST DRIVE BLDG., APT. 201**  
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **PRESIDENT**  Change  Addition  
 NAME **PETER J. QUINONEZ**  
 STREET ADDRESS **8918 SOUTH THOROUGHBRED POINT**  
 CITY-ST-ZIP **INVERNESS FLORIDA 34452**

TITLE **VP**  Delete  
 NAME **QUINONEZ, ELSIE P**  
 STREET ADDRESS **2400 FOREST DRIVE BLDG., APT. 201**  
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **VP**  Change  Addition  
 NAME **ELSIE P. QUINONEZ**  
 STREET ADDRESS **8918 SOUTH THOROUGHBRED POINT**  
 CITY-ST-ZIP **INVERNESS FLORIDA 34452**

TITLE  Delete  
 NAME  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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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]* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JAN 2000* **6240**

Date

Daytime Phone #

C:\PUB\01000