

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
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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 #

01000 / 01000