

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004899

1. Entity Name  
MC. Q COMPANY

Principal Place of Business  
1031 REDBIRD ROAD  
MIAMI SPRINGS FL 33166

Mailing Address  
1031 REDBIRD ROAD  
MIAMI SPRINGS FL 33166

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

65-0984225

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVILA, MARIO  
1031 REDBIRD ROAD  
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

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 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS DAVILA, MARIO  
CITY-ST-ZIP 1031 REDBIRD ROAD  
MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS DAVILA, GLORIA  
CITY-ST-ZIP 1031 REDBIRD ROAD  
MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS DAVILA, ANTONIO  
CITY-ST-ZIP 1031 REDBIRD ROAD  
MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS DAVILA, JULIANA  
CITY-ST-ZIP 1031 REDBIRD ROAD  
MIAMI SPRINGS FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 400004603234-4  
STREET ADDRESS -09/20/01--01089--009  
CITY-ST-ZIP \*\*\*\*550.00 \*\*\*\*550.00

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

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

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

TITLE ☐ Change ☐ Addition  
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

Date

Daytime Phone #

9/5/01 (307) 442-223

FILED

01 SEP -7 PM 4:17

SECRETARY OF STATE  
FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)