

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90454 028 \*\*\*150.00

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DOCUMENT # P02000087715

1. Entity Name  
JC MALLQUI SERVICES, INC.



Principal Place of Business  
1219 DEER RUN DR  
WINTER SPRINGS FL 32708

Mailing Address  
1219 DEER RUN DR  
WINTER SPRINGS FL 32708



2. Principal Place of Business

581 LITTLE RIVER

Suite, Apt. #, etc.  
Loop #168

City & State  
ALTAMONTE SPR FL

Zip  
32714

Country  
USA

3. Mailing Address

581 LITTLE RIVER

Suite, Apt. #, etc.  
Loop #168

City & State  
ALTAMONTE SPR FL

Zip  
32714

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2067669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALLQUI, JUAN C  
1219 DEER RUN DR  
WINTER SPRINGS FL 32708

581 LITTLE RIVER LOOP 168  
ALTAMONTE SPRINGS 32714

7. Name and Address of New Registered Agent

Name: MALLQUI, JUAN C  
Street Address (P.O. Box Number is Not Acceptable):  
581 LITTLE RIVER LOOP #168  
City: ALTAMONTE SPR FL Zip Code: 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 1/7/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MALLQUI, JUAN C	
STREET ADDRESS	1219 DEER RUN DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MALLQUI, FANNY	
STREET ADDRESS	1219 DEER RUN DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)