

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90131 010 ***150.00

DOCUMENT # 316107

1. Entity Name
MASON DISTRIBUTORS, INC.

Principal Place of Business
5105 NW 159th Street
Hialeah, FL 33014
Mailing Address
9990 SW 77 Avenue, Ste 330
Miami, FL 33156-2699

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
59-1260850
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGOLIS, JOHN A.
9990 S.W. 77 Avenue, Suite 330
Miami, FL 33156-2699

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 \$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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for CEO/D and S/T/D.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for D/P, V/P, and D.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-624-5557
Date
Daytime Phone #

CR2E034 (9/99)

Attachment
D# 316107
A 07/7042

MASON DISTRIBUTORS, INC.
Doc.#: 316107

Box 12

FOR []

CEO/D

RODRIGUEZ, CARLOS J.
5105 N.W. 159th Street
Hialeah, FL 33014

Change

S/T/D

RODRIGUEZ, JUANA
5105 N.W. 159th Street
Hialeah, FL 33014

Change