

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
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

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

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) [X]

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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CEO/D, RODRIGUEZ, CARLOS J., S/T/D, RODRIGUEZ, JUANA, and others.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include D/P RODRIGUEZ, SONIA C., V/P PIGOTT, GARY, V/P PEREZ, OFELIA, V/P DUARTE, GILBERT, D RODRIGUEZ, MICHELLE, and D RODRIGUEZ, CHRISTINE.

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] 305-624-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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