

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90042 005 ***150.00

DOCUMENT # 316107

1. Entity Name

MASON DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

5105 N.W. 159 ST
 HIALEAH FL 33014

~~7015 GLENEAGLE DRIVE
 MIAMI LAKES FL 33014~~

00010430

2. Principal Place of Business

3. Mailing Address

Suite 330, 9990 SW 77 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

City & State

City & State

Miami, FL

4. FEI Number

59-1260850

Applied For

Not Applicable

Zip

Country

Zip

Country

33156-2699

USA

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

~~RODRIGUEZ CARLOS J.
 7015 GLENEAGLE DRIVE
 MIAMI LAKES FL 33014~~

Name

John A. Margolis

Street Address (P.O. Box Number is Not Acceptable)

Suite 330, 9990 S.W. 77 Avenue

City

Miami

FL

Zip Code

33156-2699

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

John A. Margolis

1/21/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RODRIGUEZ, CARLOS J.	7015 GLENEAGLE DRIVE	MIAMI LAKES FL	<input type="checkbox"/>
S	RODRIGUEZ, JUANA	7015 GLENEAGLE DRIVE	MIAMI LAKES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

Juana D. Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juana Rodriguez,
 Secretary

1/20/00

(305) 624-5557 x200
 Daytime Phone #