

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 316107

1. Entity Name  
MASON DISTRIBUTORS, INC.

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90018 005 \*\*\*150.00

Principal Place of Business  
5105 N.W. 159 ST  
HIALEAH FL 33014

Mailing Address  
9990 SW 77 AVE. 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

Zip

Country

Zip

Country

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

MARGOLIS, JOHN A  
9990 SW 77 AVE, ST 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME RODRIGUEZ, CARLOS J.  
STREET ADDRESS 7015 GLENEAGLE DRIVE  
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE S ☐ Delete  
NAME RODRIGUEZ, JUANA  
STREET ADDRESS 7015 GLENEAGLE DRIVE  
CITY-ST-ZIP MIAMI LAKES FL

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

TITLE DP ☐ Delete  
NAME RODRIGUEZ, SONIA C  
STREET ADDRESS 5105 NORTHWEST 159TH STREET  
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE VP ☐ Delete  
NAME PIGOTT, GARY  
STREET ADDRESS 5105 NORTHWEST 159TH STREET  
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE VO ☐ Delete  
NAME PEREZ, OFELIA  
STREET ADDRESS 1505 NORTHWEST 159TH STREET  
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE VP ☐ Delete  
NAME DUARTE, GILBERT  
STREET ADDRESS 1505 NORTHWEST 159TH STREET  
CITY-ST-ZIP HIALEAH FL 33014

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 #

CR2E034 (9/01)