

FROM : MAHON*DISTRIBUTORS0

FAX NO. : 305 373-95

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Aug 01, 2002 8:00 am
Secretary of State

05-28-2002 91677 001 ***317.50

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105612

1. Entity Name
MAHON DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
 540 BRICKELL KEY DR 520 BRICKELL KEY DR
 #1008 #917
 MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

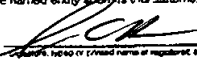
4. FEI Number 65-1104643 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 HALL, ANDREW C
 HALL, DAVID AND JOSEPH, P.A.
 1428 BRICKELL AVE. 8TH FLOOR
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name - MARILYN CHARLES
 Street Address (P.O. Box Number is Not Acceptable)
 540 BRICKELL KEY DR #1008
 City MIAMI FL Zip Code 33131

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  DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$350.00 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	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CHARLES, MARILYN		STREET ADDRESS		
CITY-ST-ZIP	540 BRICKELL KEY DR #1008		CITY-ST-ZIP		
	MIAMI FL 33131				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied herein is true and correct and that I am an officer or director of the corporation or the receiver, guardian, assignee, or other person in control of the corporation or other entity, and that my name appears in Block 11 or Block 12 if changed, or on an attachment to 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 to this report as required by Chapter 607, Florida Statutes.

SIGNATURE  DATE

40335



DO NOT WRITE IN THIS SPACE

11/01/2002 09:01