

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 023 ***150.00

DOCUMENT # P01000061333

1. Entity Name

M.G. DISTRIBUTION, CORP.

DO NOT WRITE IN THIS SPACE

B0064279

2. Principal Place of Business
4733 NW 97TH CT.

Suite, Apt. #, etc.

3. Mailing Address
4733 NW 97TH CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL. 33178

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MIAMI, FL. 33178

4. FEI Number
65-1113824

Applied For
☐ **Not Applicable**

Zip 33178 **Country** U.S.A.

Zip 33178 **Country** U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HERNAN DAVID MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)
4733 NW 97TH CT.

City MIAMI **FL** **Zip Code** 33178

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P NAME HERNAN D. MARTINEZ STREET ADDRESS 4733 NW 97TH CT. CITY-ST-ZIP MIAMI, FL. 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME HEIDI ALEJANDRA GUEDEZ STREET ADDRESS 4733 NW 97TH CT. CITY-ST-ZIP MIAMI, FL. 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/02

Date

(305) 593-2628

Daytime Phone #

CR2E034B (12/01)