

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015582

1. Entity Name

M & G DISTRIBUTORS, INC.

Principal Place of Business

4111 W CAYUGA STREET  
TAMPA FL 33614  
US

Mailing Address

2609 W KIRBY STREET  
TAMPA FL 33614-3317  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CASTILLO, VIRGINIA  
2609 W KIRBY STREET  
TAMPA FL 33614

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) ☐

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	CASTILLO, VIRGINIA	
STREET ADDRESS	2609 W KIRBY STREET	
CITY-ST-ZIP	TAMPA FL 33614	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO CASTILLO	
STREET ADDRESS	2609 W KIRBY STREET	
CITY-ST-ZIP	TAMPA, FL. 33614	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK SABELLA, JR.	
STREET ADDRESS	934-101 DELANEY CIRCLE	
CITY-ST-ZIP	BRANDON, FL. 33510	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO A. CASTILLO	
STREET ADDRESS	102 OAKRIDGE AVE.	
CITY-ST-ZIP	TEMPLE TERRACE, FL. 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90075 045 \*\*\*150.00

C0062406



DO NOT WRITE IN THIS SPACE