

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90064 037 ***150.00

0347160

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
 US**

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 **59-3227484**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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, 2001 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 **P CASTILLO, VIRGINIA** ☐ Delete
 STREET ADDRESS **2609 W KIRBY STREET**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE
 NAME **S MARIO CASTILLO** ☒ Change ☐ Addition
 STREET ADDRESS **2609 W. KIRBY ST**
 CITY-ST-ZIP **TAMPA, FL. 33614**

TITLE
 NAME **V CASTILLO, MARIO** ☐ Delete
 STREET ADDRESS **2609 W KIRBY ST**
 CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE
 NAME **S SABLELLA, FRANK JR** ☒ Delete
 STREET ADDRESS **934-101 DELANEY CIRCLE**
 CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE
 NAME **T CASTILLO, MARIO A** ☐ Delete
 STREET ADDRESS **102 OAKRIDGE AVE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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: *Virginia Castillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 (813) 870-2505

CR2E034 (10/00)