

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90986 013 ***150.00

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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

**4018 W. CAYUGA ST
Suite, Apt. #, etc.
TPA, FL
City & State
33614**

3. Mailing Address

**4018 W. CAYUGA ST
Suite, Apt. #, etc.
TPA, FL
City & State
33614**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3227484**

Applied For
Not Applicable

Zip **HILLSBOROUGH**

Zip **HILLSBOROUGH**

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

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

**VIRGINIA CASTILLO
Street Address (P.O. Box Number is Not Acceptable)
4018 W. CAYUGA ST
City TPA, FL FL Zip Code 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Virginia M. Castillo**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE **T** ☐ Delete
NAME **CASTILLO, MARIO A**
STREET ADDRESS **6212 AMERICAS CUP AVENUE**
CITY-ST-ZIP **TAMPA FL 33625**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Virginia M. Castillo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)