

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

02-03

2002


FILED

03 MAY 23 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800020431178
06/04/03--01003--034 **300.00

DOCUMENT # P96000027145
1. Entity Name
M & E DISTRIBUTORS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4470 NW 9TH STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 934612
Suite, Apt. #, etc.

City & State
COCONUT CREEK, FL

City & State
MARGATE, FL

Zip
33063

Country
USA

Zip
33093-4612

Country
USA

4. FEI Number 65-0855029

Applied For
 Not Applicable

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 MARK MARTONE

Street Address (P.O. Box Number is Not Acceptable)
4470 NW 9TH STREET

City COCONUT CREEK FL Zip Code 33063

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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS - MARTONE, MARK 4470 NW 9TH STREET COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT- MARTONE, EVELYNN 4470 NW 9TH STREET COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like attachments.


SIGNATURE:  MARK MARTONE 5/9/03 954-974-1606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Page #

CR2E034B (12/02)

5/29

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2003**

DOCUMENT # P96000027145 1. Entity Name M & E DISTRIBUTORS, INC.	
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4470 NW 9TH STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 934612 Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State COCONUT CREEK, FL	City & State MARGATE, FL	4. FEI Number 65-0655029	Applied For <input type="checkbox"/> Not Applicable
Zip 33063	Country USA	Zip 33093-4612	Country USA

DO NOT WRITE IN THIS SPACE

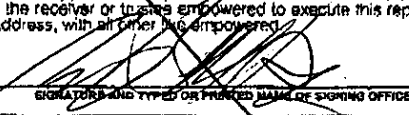
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name	MARK MARTONE
Street Address (P.O. Box Number is Not Acceptable)	4470 NW 9TH STREET
City	COCONUT CREEK FL Zip Code 33063

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>
DATE _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS - MARTONE, MARK 4470 NW 9TH STREET COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT- MARTONE, EVELYNN 4470 NW 9TH STREET COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other persons empowered.
SIGNATURE:  MARK MARTONE
Date: 6/9/03
Daytime Phone #: 954-974-1506

CR2E034B (12/02)

21 5/29

M & E DISTRIBUTORS, INC.
4470 NW 9TH STREET
COCONUT CREEK, FL 33063
PHONE: (954) 974-1506

Friday, May 09, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

We never received the 2002 or 2003 Uniform Business report in the mail. I have downloaded the forms from the Internet and filled them out. I have enclosed the 2002 & 2003 UBR along with a check for \$300.00. Please waive any penalties associated with this mishap for it was not the fault of our corporation. I appreciate your assistance.

Sincerely,


Mark Martone - President

5.09.03
Date