

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90215 018 \*\*\*150.00

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DOCUMENT # **P00000026564**

1. Entity Name  
**RED INTERNATIONAL GROUP, CORP.**



Principal Place of Business  
**848 BRICKELL AVE., SUITE 1000  
MIAMI FL 33131**

Mailing Address  
**848 BRICKELL AVE., SUITE 1000  
MIAMI FL 33131**

2. Principal Place of Business  
**848 BRICKELL AVE.**

3. Mailing Address  
**848 BRICKELL AVE**

Suite, Apt. #, etc.  
**PENTHOUSE I**

Suite, Apt. #, etc.  
**PENTHOUSE I**

City & State  
**MIAMI FLA.**

City & State  
**MIAMI FL.**

Zip  
**33131**

Country

Zip  
**33131**

Country

4. FEI Number  
**65-1103169**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MURAI, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM  
25 S.E. 2ND AVENUE  
MIAMI FL 33131**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 <b>PST</b>	<input type="checkbox"/> Delete
NAME <b>ARDID, JOSE</b>	
STREET ADDRESS <b>848 BRICKELL AVE SUITE 1000 PENTHOUSE I</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>VPAS</b>	<input type="checkbox"/> Delete
NAME <b>ARDID, INIGO</b>	
STREET ADDRESS <b>848 BRICKELL AVE SUITE 1000 PENTHOUSE I</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>AS</b>	<input type="checkbox"/> Delete
NAME <b>MURAI, RENE V</b>	
STREET ADDRESS <b>25 SE 2ND AVE SUITE 900</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME <b>ARDID DIEGO</b>	
STREET ADDRESS <b>848 BRICKELL AVE. PENTHOUSE I</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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	

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: *JOSE ARDID* **JOSE ARDID** **PST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03 (305) 377-1001  
Date Daytime Phone #

CR2E034 (10/02)