2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90017 027 ***150.00

DOCUMENT # F96000005857

1. Entity Name
SHOW LOGISTICS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
10494 NW 50 ST. SUNRISE, FL 33351	10494 NW 50 ST. SUNRISE, FL 33351

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10500 NW 50 ST.	10500 NW 50 ST.
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number: 11-3281451 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EL-HILA, RIADH
10494 NW 50 ST.
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name: EL-HILA, RIADH
Street Address (P.O. Box Number is Not Acceptable): 10500 NW 50 ST.
SUITE #201
City: SUNRISE **FL** Zip Code: 33351

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: RIADH EL-HILA, REG. AGENT 4/28/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EL-HILA, RIADH 10494 NW 50 ST. SUNRISE, FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10500 NW 50 ST., #201 SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABRERA, JAIME A. 10494 NW 50 ST. SUNRISE, FL 33351 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MUNOZ, MAXIMA J. 10494 NW 50 ST. SUNRISE, FL 33351 ☒ 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 S EL-HILA, KENIA 10500 NW 50 ST., #201 SUNRISE, FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition T MIRANDA, BYRON 10500 NW 50 ST., #201 SUNRISE, FL 33351
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: RIADH EL-HILA PRESIDENT 4/28/00 (954) 746-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR