

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005857

1. Entity Name

SHOW LOGISTICS INTERNATIONAL, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90319 039 ***150.00

Principal Place of Business 10500 NW 50ST 201 FORT LAUDERDALE FL 33351 US	Mailing Address 10500 NW 50ST 201 FORT LAUDERDALE FL 33351 US
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2. Principal Place of Business 5150 109th Avenue Suite, Apt. #, etc. Bay 2 City & State Sunrise, FL Zip 33351 Country USA	3. Mailing Address 5150 109th Avenue Suite, Apt. #, etc. Bay 2 City & State Sunrise, FL Zip 33351 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3281451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EL-HILA, RAIDH 10500 NW 50ST STE 201 SUNRISE FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5150 109th Avenue Bay 2 City Sunrise FL Zip Code 33351
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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 _____ DATE 4/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EL-HILA, RIADH 105000 NW 50ST #201 FORT LAUDERDALE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 109th Avenue, Bay 2 Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EL-HILA, KENIA 10500 NW 50 ST #201 FORT LAUDERDALE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 109th Avenue, Bay 2 Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRANDA, BYRON 10500 NW 50ST #201 FORT LAUDERDALE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 109th Avenue, Bay 2 Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, Pres. 4/20/01 (954) 746-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)