

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004189**

1. Entity Name

REDINC INTERNATIONAL S.A.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90150 039 ***150.00

Principal Place of Business

**ARANGO-ORILLAC BLDG. 2ND FL
E. 54TH ST
PANAMA 7 REPUBLIC OF PANAMA**

Mailing Address

**CLARK A. STILLWELL
320 HIGHWAY 41 SOUTH
INVERNESS FL 34450
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1963715**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STILLWELL, CLARK A
320 HIGHWAY 41 SOUTH
BANK OF INVERNESS BLDG
INVERNESS FL 34450**

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.

SIGNATURE

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, 2001 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	<input type="checkbox"/> Delete
PD	MASHBURN, JUAN	ARANGO-ORILLAC BLDG 2ND FL	REPUBLIC OF PANAMA	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TD	PEREZ, FRANCIS	ARANGO-ORILLAC BLDG 2ND FL	REPUBLIC OF PANAMA	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VAST	DE ZELAYA, HERCILIA M	ARANGO-ORILLAC BLDG 2ND FL	REPUBLIC OF PANAMA	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VAST	MCKAY, CORNELIO	ARANGO-ORILLAC BLDG 2ND FL	REPUBLIC OF PANAMA	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VASD	SOLANO, KATIA	ARANGO-ORILLAC BLDG 2ND FL	REPUBLIC OF PANAMA	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VASD	NUNEZ, ABDIEL	ARANGO-ORILLAC BLDG 2ND FL	REPUBLIC OF PANAMA	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)