

09-03-2002 90165 043 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000082813*
 1. Entity Name
 RED LOGISTICS CORP

124858

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7311 NW 12TH STREET
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State

4. FEI Number
 65-1130172

Applied For
 Not Applicable

Zip
 33126

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
 GABRIEL ZNIDARCIC
 Street Address (P.O. Box Number is Not Acceptable)
 4976 SW 166TH AVE.
 City
 MIRAMAR FL Zip Code
 33027

DO NOT WRITE IN THIS SPACE

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 *Claudio Bacchi* CLAUDIO BACCHI - SECRETARY & TREASURER 8/28/02
 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)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$390.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT GABRIEL ZNIDARCIC 4976 SW 166TH AVE. MIRAMAR, FL. 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY & TREASURER CLAUDIO BACCHI 17065 SW 52ND COURT MIRAMAR FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.
 SIGNATURE: *Claudio Bacchi* CLAUDIO BACCHI 8/28/02 (305) 593-9291
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)