

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0197126 AV

DOCUMENT # 845968
 1. Entity Name
SURINAAMSE LUCHTVAART MAATSCHAPPIJ N.V. (INC.)

02-20-2002 90142 030 ***150.00

Principal Place of Business
POPPENAMESTRAAT NO 136
PARAMARIBO, SURINAM

Mailing Address
5775 BLUE LAGOON DRIVE
SUITE 190
MIAMI FL 33126



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
7270 N.W. 12TH STREET
 Suite, Apt. #, etc.
SUITE 255
 City & State
MIAMI, FLORIDA
 Zip Country
33126 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1957030** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHREIBER, GERHARDT A
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

8. 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, 2002 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	P JESSURUN, HENKIE D 6 PETER BRUNESLAAN PARAMARIBO, SURINAME <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLUM, JAN 66 JESSURUNWEG PARAMARIBO, SURINAME <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LACHMISINGH, ROBBY MOENGOLAAN 6 PARAMARIBO, SURINAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FUNG-LOY, GENE 12361 SW 144 TERRACE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 information.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/01)