

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90107 015 \*\*\*150.00

**DOCUMENT # F97000005893**

1. Entity Name  
**MARTINAIR HOLLAND, N.V.**

Principal Place of Business 5550 GLADES ROAD SUITE 600 BOCA RATON FL 33431	Mailing Address 5550 GLADES ROAD SUITE 600 BOCA RATON FL 33431-7215
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ANANIA, FRANCIS A ESQ.**  
**% ANANIA, BANDKLAYDER & BLACKWELL, P.A.**  
**100 S.E. SECOND STREET, #3300**  
**MIAMI FL 33131**

4. FEI Number **13-3178313**  
 Applied For   
 Not Applicable

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC</b> <b>SCHRODER, JOHANN M</b> <b>HARTENLUSTLAAN 1A, 2061 HA</b> <b>BLOEMENDAAL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>VERBERK, ARIE</b> <b>TJASKERMOLEN 10, 3352 XJ</b> <b>PAPENDRECHT</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LOONEN, PETER L</b> <b>JOZEF ISRAELSLAAN 52, 2182 LK</b> <b>HILLEGOM</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>RONALD VAN DE GEER</b> <b>5550 GLADES RD #600</b> <b>BOCA RATON FL 33431</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* 1-18-00 561-391-6165  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)