

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G23545****1. Entity Name**
GROUNDHANDLING, USA, INC.**Principal Place of Business**
12000 BISCAYNE BLVD.
STE #600
N. MIAMI FL 33181**Mailing Address**
12000 BISCAYNE BLVD.
STE #600
N. MIAMI FL 33181**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 **59-2338128**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****FLORIDA CORPORATE SERVICES, INC.**
798 BRICKELL PLAZA
59 SE 8TH STREET
MIAMI FL 33131

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **DC** ☐ Delete
NAME **VAN BERKEL, MARIA CATH.**
STREET ADDRESS **1585 BAY DRIVE**
CITY-ST-ZIP **MIAMI FL 33141****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **PD** ☐ Delete
NAME **VAN BERKEL, PETER**
STREET ADDRESS **1975 KEYSTONE BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33181****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**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 of 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2002

Date

305 866 5555

Daytime Phone #

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90135 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)