

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93241

1. Entity Name

DHL REGIONAL SERVICES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90001 050 \*\*\*150.00

Principal Place of Business

Mailing Address

6360 NW 5TH WAY  
SUITE 103  
FT LAUDERDALE FL 33309  
US

6360 NW 5TH WAY  
SUITE 103  
FT LAUDERDALE FL 33309-6128  
US

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0128611

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☐ Delete

NAME OLIN, JON E  
STREET ADDRESS 6360 NW 5TH WAY STE 103  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE DP ☒ Delete

NAME WALKER, R. BRUCE  
STREET ADDRESS 6360 N.W. 5 WAY, STE 103  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DT ☒ Delete

NAME FENOGLIO, JAMES P  
STREET ADDRESS 6360 N.W. 5TH WAY #103  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR/PRESIDENT ☐ Change ☒ Addition

NAME PETER A. DAVIES  
STREET ADDRESS 6360 N.W. 5 WAY, STE 103  
CITY-ST-ZIP FT LAUDERDALE, FL. 33309

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON E. OLIN

Date

Daytime Phone #

2/16/00 (954) 351 6123

CR2E034 (9/99)

**DHL REGIONAL SERVICES, INC.**

*a Hach  
C066295  
# K93241*

**LIST OF OFFICERS**

Peter A. Davies	President, Chief Operating Officer
Bert Bertagna	Vice President
James P. Fenoglio	Treasurer
Neil Ferguson	Vice President
Alberto Hallivis	Vice President
Juan Morales	Vice President
Jon E. Olin	Vice President, Secretary