

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90263 045 \*\*\*150.00

**DOCUMENT # K93241**

1. Entity Name

**DHL REGIONAL SERVICES, INC.**

Principal Place of Business

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

Mailing Address

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

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

**65-0128611**

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

**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, 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 VS ☐ Delete

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

TITLE PCOO ☒ Delete

NAME **DAVIES, PETER**  
 STREET ADDRESS **6360 NW S WAY STE. 103**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE V ☒ Delete

NAME **BERTAGNA, BERT**  
 STREET ADDRESS **6360 NW 5TH WAY, SUITE 103**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE VT ☒ Delete

NAME **MAYOBRE, ANDRES**  
 STREET ADDRESS **6360 NW 5TH WAY, STE 103**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE V ☒ Delete

NAME **FERGUSON, NEIL**  
 STREET ADDRESS **6360 NW 5TH WAY, STE 103**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE V ☒ Delete

NAME **HALLIVIS, ALBERTO**  
 STREET ADDRESS **6360 NW 5TH WAY, STE 103**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition

NAME **SVP**  
 STREET ADDRESS **RAFAEL COUTTOLENC**  
 CITY-ST-ZIP **8100 S.W. 10TH ST, SUITE 4000**  
**PLANTATION, FL. 33324**

TITLE ☐ Change ☐ Addition

NAME **SEE ATTACHED**  
 STREET ADDRESS **LIST**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

TITLE ☐ Change ☐ Addition

NAME

TITLE ☐ Change ☐ Addition

NAME

TITLE ☐ Change ☐ Addition

NAME

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/5/2002 (954)626 4123**

CR2E034 (9/01)