

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90736 009 \*\*\*\*70.00

DOCUMENT # **N990000007009**

1. Entity Name

**SOUTH AFRICA USA CHAMBER  
OF COMMERCE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**515 E LAS OLAS BLVD**

3. Mailing Address

**515 E LAS OLAS BLVD**

Suite, Apt. #, etc.

**SUITE 950**

Suite, Apt. #, etc.

**SUITE 950**

City & State

**FORT LAUDERDALE FL**

City & State

**FORT LAUDERDALE**

Zip

**33301**

Country

**USA**

Zip

**FL 33301**

Country

**USA**

4. FEI Number

**65-0978538**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, D  
ANTON HENDLER  
515 EAST LAS OLAS BLVD SUITE 950  
FORT LAUDERDALE FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T D  
DAVID ZINN  
ARTHUR ANDERSEN, 100 NE 3RD AVE  
FORT LAUDERDALE FL 33301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S D  
MARINA HARALAMBOS  
2101 NE 64th ST  
FORT LAUDERDALE FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**3/26/02 (954)762-4410**

CR2E037B (12/01)