

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90056 047 \*\*\*\*\*61.25

**DOCUMENT # N99000007009**

1. Entity Name

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



Principal Place of Business

**515 E LAS OLAS BLVD STE 950  
FORT LAUDERDALE FL 33301**

Mailing Address

**ONE FINANCIAL PLAZA, 22ND FLOOR  
100 S.E. 3RD AVE.  
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

**8211 W Broward Blvd**

3. Mailing Address

**8211 W Broward Blvd**

Suite, Apt. #, etc.

**350**

Suite, Apt. #, etc.

**350**

City & State

**Plantation, Florida**

City & State

**Plantation, Florida**

Zip

**33324**

Country

**USA**

Zip

**33324**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0978538**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHUTTE, BERNHARD T  
ONE FINANCIAL PLAZA, 22ND FLOOR  
100 S.E. 3RD AVE.  
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

**FRANK GUTTA**

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

**8211 W Broward Blvd # 350**

City

**PLANTATION**

**FL**

Zip Code

**33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **HENDLER, ANTON**  
STREET ADDRESS **515 E LAS OLAS BLVD STE 950**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **TD** ☒ Delete  
NAME **ZINN, DAVID**  
STREET ADDRESS **100 NE 3RD AVE.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **SD** ☐ Delete  
NAME **HARALAMBOUS, MARINA**  
STREET ADDRESS **2101 NE 64TH ST.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition  
NAME **Frank Gutta**  
STREET ADDRESS **8211 W Broward Blvd #350**  
CITY-ST-ZIP **Plantation, Fl. 33324**

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

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 Block 11 if changed, or on an attachment with an address, with or without power of attorney.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/9/03 (954) 452-8813**

CR2E037 (10/02)