

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90010 046 ***158.75

DOCUMENT # 436450

1. Entity Name

BAC FLORIDA BANK

Principal Place of Business

**848 BRIKCELL AVENUE
MIAMI FL 33131
US**

Mailing Address

**848 BRIKCELL AVENUE
MIAMI FL 33131
US**

2. Principal Place of Business

848 BRICKELL AVENUE

3. Mailing Address

848 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL 33131

City & State

MIAMI - FL

Zip

33131

Country

US

Zip

33131

Country

US

4. FEI Number

59-1485307

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

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, 2001 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 **V** ☐ Delete
NAME **CRUZ, ERNESTO DR**
STREET ADDRESS **251 CRANDON BLVD**
CITY-ST-ZIP **KEY BISCAYNE FL ZIP CODE**

TITLE **V** ☐ Change ☐ Addition
NAME **CRUZ, ERNESTO DR**
STREET ADDRESS **251 CRANDON BLVD APT. 307**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **P/D** ☐ Delete
NAME **NOONAN, THOMAS P**
STREET ADDRESS **6245 SW 102ND ST**
CITY-ST-ZIP **PINECREST FL 33156**

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

TITLE **C** ☐ Delete
NAME **PELLAS, CARLOS F CH.**
STREET ADDRESS **7625 SW 85TH CT**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **C** ☐ Change ☐ Addition
NAME **PELLAS CARLOS F CH**
STREET ADDRESS **7625 SW 85TH CT**
CITY-ST-ZIP **MIAMI - FL 33173**

TITLE **D** ☐ Delete
NAME **CHAMORRO, ALBERTO J JR**
STREET ADDRESS **REPARTO LOS ANDES, #3**
CITY-ST-ZIP **MANAGUA, NICARAGUA**

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

TITLE **D** ☐ Delete
NAME **KING, SHEPARD**
STREET ADDRESS **11050 SW 69 CT**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **CC** ☐ Delete
NAME **PELLAS, ALFREDO F JR**
STREET ADDRESS **8245 LOS PINOS CIR**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **CC** ☐ Change ☐ Addition
NAME **PELLAS, ALFREDO F JR.**
STREET ADDRESS **8245 LOS PINOS CIRCLE**
CITY-ST-ZIP **CORAL GABLES - FL 33143**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS E. LAGUNA
Executive Vice President
CFO/Comptroller

2-7-01

Date

305-789-8071

Daytime Phone #

CR2E034 (10/00)