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Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90308 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80099255

DOCUMENT # 436450

1. Entity Name
BAC FLORIDA BANK

Principal Place of Business	Mailing Address
848 BRICKELL AVENUE MIAMI, FL 33131 US	848 BRICKELL AVENUE MIAMI, FL 33131 US

2. Principal Place of Business	3. Mailing Address
169 MIRACLE MILE	169 MIRACLE MILE
Suite, Apt. #, etc.: R-10	Suite, Apt. #, etc.: R-10
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: US	Zip: 33134 Country: US

☒ CHECK HERE IF MAKING CHANGES

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: ENRIQUE A. ARGUELLO
Street Address (P.O. Box Number Is Not Acceptable): 169 MIRACLE MILE, R-10
City: CORAL GABLES FL Zip Code: 33134

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] 4-25-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

Enrique Arguello
Comptroller & CFO

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRUZ, ERNESTO DR 251 CRANDON BLVD APT. 307 KEY BISCAYNE, FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D NOONAN, THOMAS P 6245 SW 102ND ST PINECREST, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C PELLAS, CARLOS F CH. 7625 SW 87TH CT MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMORRO, ALBERTO J JR REPARTO LOS ANDES, #3 MANAGUA, NICARAGUA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, SHEPARD 11050 SW 69 CT MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CC PELLAS, ALFREDO F JR 8245 LOS PINOS CIR CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-25-03 (305) 789-8071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Enrique Arguello
Comptroller & CFO