

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90105 031 ***150.00

DOCUMENT # F00000006256

1. Entity Name
BANCO POPULAR NORTH AMERICA CORP.

Principal Place of Business
7500 SW 8TH ST., STE #102
MIAMI FL 33144

Mailing Address
7500 SW 8TH ST., STE #102
MIAMI FL 33144

2. Principal Place of Business
7 West 51st Street
 Suite, Apt. #, etc.

3. Mailing Address
7 West 51st Street
 Suite, Apt. #, etc.

City & State
New York, New York

City & State
New York, New York

4. FEI Number
52-2126008

Applied For
 Not Applicable

Zip Country
10019 USA

Zip Country
10019 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAULA JR, ANTONIO V
19139 NW 23RD CT
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name
Mercedes McCall
 Street Address (P.O. Box Number is Not Acceptable)
8325 Commodity Circle
 City
Orlando FL Zip Code
32819

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-2002

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

TITLE
SVPR
 NAME
CAULA, ANTONIO V
 STREET ADDRESS
7500 SW 8TH STREET
 CITY-ST-ZIP
MIAMI FL 33144 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

[Signature]
Brion F. Doran
Secretary of State

04/19/02
 Date

(212) 445-1982
 Daytime Phone #

CR2E034 (9/01)