

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90020 043 ***150.00

DOCUMENT # P00000110760

1. Entity Name

BANIF FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

ONE SE 3RD AVENUE 28TH FLOOR
 MIAMI FL 33131

ONE SE 3RD AVENUE 28TH FLOOR
 MIAMI FL 33131

2. Principal Place of Business

1001 Brickell Bay Drive

3. Mailing Address

1001 Brickell Bay Drive

Suite, Apt. #, etc.

Suite 1712

Suite, Apt. #, etc.

Suite 1712

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1059887

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 ONE SE 3RD AVENUE 28TH FLOOR
 MIAMI FL 33131

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: **D** Delete
 NAME: **CORTES, ALVARO**
 STREET ADDRESS: **ONE SE 3RD AVENUE 28TH FLOOR**
 CITY-ST-ZIP: **MIAMI FL 33131**

TITLE: **D/VP/S/T** Change Addition
 NAME: **CORTES, ALVARO**
 STREET ADDRESS: **1001 BRICKELL BAY DR., SUITE 1712**
 CITY-ST-ZIP: **MIAMI, FLORIDA 33131**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: **D/P** Change Addition
 NAME: **DUARTE DE ALMEIDA, CARLOS DAVID**
 STREET ADDRESS: **1001 BRICKELL BAY DR., SUITE 1712**
 CITY-ST-ZIP: **MIAMI, FLORIDA 33131**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: **D** Change Addition
 NAME: **GONCALO CRISTOVAM MEIRELES DE ARAUJO DIAS**
 STREET ADDRESS: **1001 BRICKELL BAY DR., SUITE 1712**
 CITY-ST-ZIP: **MIAMI, FLORIDA 33131**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: **D** Change Addition
 NAME: **ALFONSO G. FINNOCHIARO**
 STREET ADDRESS: **1001 BRICKELL BAY DR., SUITE 1712**
 CITY-ST-ZIP: **MIAMI, FLORIDA 33131**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: **D** Change Addition
 NAME: **HUGO BARRETO DEL PRIORE**
 STREET ADDRESS: **1001 BRICKELL BAY DR., SUITE 1712**
 CITY-ST-ZIP: **MIAMI, FLORIDA 33131**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: Change Addition
 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:

ALVARO CORTES

01/02/01

(305) 377 2188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)