

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90002 034 \*\*\*150.00

**DOCUMENT #** P 00714  
**1. Entity Name**  
 BANQUE NATIONALE DE PARIS

**Principal Place of Business**  
 201 SOUTH BISCAYNE BLVD  
 SUITE 1280  
 MIAMI, FL 33131

**Mailing Address**  
 P.O. BOX 111040  
 MIAMI, FL 33111

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip

**4. FEI Number** 94-1677765  
 Applied For  
 Not Applicable

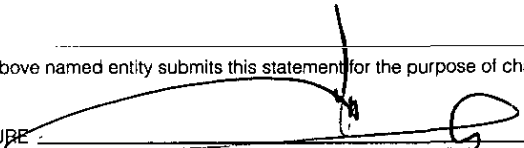
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 RAMON HERNANDEZ  
 201 SOUTH BISCAYNE BLVD SUITE 1280  
 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:**  **RAMON HERNANDEZ-GENERAL MANAGER** **04/19/00**  
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, 2000 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	CEO	<input type="checkbox"/> Delete
NAME	PEBEREAU, MICHEL	
STREET ADDRESS	16 BLVD DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	MANAGING DIRECTOR	<input type="checkbox"/> Delete
NAME	BAUDOUIN, PROT	
STREET ADDRESS	16 BLVD DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	WAHL, JACQUES	
STREET ADDRESS	16 BLVD DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	DELEGATED MANAGING DIRECTOR	<input type="checkbox"/> Delete
NAME	CHODRON DE COURCEL, GEORGES	
STREET ADDRESS	16 BLVD DE ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEVY-GARBOUA, VIVIEN	
STREET ADDRESS	16 BLVD DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHANLEY, NOURA	
STREET ADDRESS	201 S BISCAYNE BLVD SUITE 1280	
CITY-ST-ZIP	MIAMI, FL 33131	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHIEF OPERATING OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOENN, DOMINIQUE	
STREET ADDRESS	16 BLVD DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, RAMON	
STREET ADDRESS	201 S. BISCAYNE BLVD SUITE 1280	
CITY-ST-ZIP	MIAMI, FL 33131	

**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:**  **RAMON HERNANDEZ** **04/19/00** **(305) 539-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)