

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P11050**

1. Entity Name

BANCO PORTUGUES DO ATLANTICO, S.A. INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90034 041 ***158.75

Principal Place of Business

Mailing Address

**MIAMI AGENCY
201 S. BISCAYNE BLVD., 19TH FL.
MIAMI FL 33131****MIAMI AGENCY
201 S. BISCAYNE BLVD., 19TH FL.
MIAMI FL 33131-4325**

00010610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2947767**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DECASO, EDWARD
201 S BISCAYNE BLVD.
STE. 1900
MIAMI FL 33131**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPM	<input type="checkbox"/> Delete
NAME	DECASO, EDWARD	
STREET ADDRESS	1900 SUNSET HARBOUR DR #803	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Miami Beach FL 33139	

TITLE	V	<input type="checkbox"/> Delete
NAME	PEDRO, BELO J	
STREET ADDRESS	2 WALL ST.	
CITY-ST-ZIP	NEW YORK NY 10005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPM	<input type="checkbox"/> Delete
NAME	DIAS SILVA, JOSE	
STREET ADDRESS	445 GRAND BAY DR/#910	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MONTEIRO, PEDRO L	
STREET ADDRESS	PRACA D. JOAO I	
CITY-ST-ZIP	OPORTO PORTUGAL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my address, with all other like empowered.

SIGNATURE:**Edward Decaso**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

(305) 539-5491

Daytime Phone #