

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093015

1. Entity Name

SOFISA BANK OF FLORIDA

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90082 014 ***150.00

Principal Place of Business

14095 S. DIXIE HWY.
MIAMI FL 33156

Mailing Address

P.O. BOX 562500
MIAMI FL 33256-2500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 67-0878433

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

Robert M. Londono

Street Address (P.O. Box Number is Not Acceptable)

Sofisa Bank of Florida

14095 South Dixie Highway

City

Miami

FL

Zip Code

33176-7222

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

Robert M. Londono

Mr. Robert M. Londono

01-22-01

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 ☐ Delete
NAME D
STREET ADDRESS BURMAIAN, VARUJAN
CITY-ST-ZIP ALAMEDA FRANCA 660, APT. 26
SAO PAULO, S.P., BRAZIL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Alameda Franca 660, Apt. 26
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BURMAIAN, ALEXANDRE
CITY-ST-ZIP ALAMEDA FRANCA 660, APT. 26
SAO PAULO, S.P., BRAZIL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DOMINGUEZ, LUIS V
CITY-ST-ZIP 4477 N.W. 93RD DORAL CT.
MIAMI FL 33178

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LONDONO, ROBERT M
CITY-ST-ZIP 13701 OLD CUTLER ROAD
MIAMI FL 33158-1336

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MUELLER, GEORGE R
CITY-ST-ZIP 6058 GLENDALE DR.
BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROCHA, PAULO M
CITY-ST-ZIP 101 CRANDON BLVD., APT. 377
KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)