

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855016

1. Entity Name

BANCO MERCANTIL, S.A.C.A. "COMPANY"

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90060 016 ***150.00

Principal Place of Business

Mailing Address

220 ALHAMBRA CIRCLE
CORAL GABLES FL 33134
US

2199 PONCE DE LEON BLVD
CORAL GABLES FL 33122-9015

2. Principal Place of Business

220 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

3105 N.W. 107 AVE

Suite, Apt. #, etc.

6TH FLOOR

City & State

CORAL GABLES, FL

City & State

MIAMI, FL

4. FEI Number

59-2227533

Applied For

Not Applicable

Zip

33134-5255

Country

U.S.

Zip

33172-2136

Country

U.S.

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

CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA, 1600 MIAMI CENTER
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 M ☐ Delete
NAME GONZALEZ, ALBERTO B.
STREET ADDRESS 220 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL

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

TITLE M ☒ Delete
NAME CANAL, EMILIO P.
STREET ADDRESS 2199 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

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

TITLE M ☐ Delete
NAME SANCHEZ, ANA
STREET ADDRESS 2199 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3105 N.W. 107 AVE, 6TH FLOOR
CITY-ST-ZIP MIAMI, FL 33172

TITLE M ☐ Delete
NAME RAMIREZ, BERNARDA
STREET ADDRESS 2199 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3105 N.W. 107 AVE, 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33172

TITLE M ☐ Delete
NAME SUAREZ, HENRY
STREET ADDRESS 2199 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3105 N.W. 107 AVE, 6TH FLOOR
CITY-ST-ZIP MIAMI, FL 33172

TITLE M ☐ Delete
NAME MARIN, CARLOS
STREET ADDRESS 200 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 220 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES, FL 33134

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:

Ana M. Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

BANCO MERCANTIL, S.A.C.A
FEI Number: 59-2227533

Attach
C0046785
855016

11

12

Title: M
Name: SALINAS, RAFAEL
Street Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Delete ☐

Title:
Name:
Street Address:
City-St-Zip:

Change ☐ Addition ☐

Title: M
Name: PINO, LETICIA
Street Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Delete ☐

Title:
Name:
Street Address:
City-St-Zip:

Change ☐ Addition ☐

Title: M
Name: POLANCO, CARY
Street Address: 2199 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL

Delete ☐

Title:
Name:
Street Address: 3105 N.W. 107 Ave.
5Th Floor
City-St-Zip: Miami Fl, 33172

Change ☒ Addition ☐

Title: M
Name: PATTERSON, MARIA M.
Street Address: 2199 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL

Delete ☐

Title:
Name:
Street Address: 3105 N.W. 107 Ave.
6Th Floor
City-St-Zip: Miami Fl, 33172

Change ☒ Addition ☐

Title: M
Name: ESTALELLA, ENGRACIA
Street Address: 220 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Delete ☒

Title:
Name:
Street Address:
City-St-Zip:

Change ☐ Addition ☐