

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90406 009 ***158.75

DOCUMENT # 605236

1. Entity Name
COMMERCIAL BANK OF FLORIDA

Principal Place of Business
**1550 S.W. 57TH AVENUE
 MIAMI FL 33144**

Mailing Address
**1550 S.W. 57TH AVENUE
 MIAMI FL 33144**

00054542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1872834**

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

**PARTAGAS, JACK J.
 % COMMERCIAL BANK OF FLORIDA
 1550 S.W. 57TH AVENUE
 MIAMI FL 33144**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BISCHOFF, RICHARD J 3400 ONE BISCAYNE TOWER MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NAMOFF, ROBERT 13611 S.W. 105 AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMON, SHERMAN 9999 COLLINS AVE. 20K BAL HARBOUR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete ARMALY, JOSEPH 1550 S.W. 57TH AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YELEN, MARTIN 1104 PONCE DE LEON BLVD CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Namoff, Robert 9440 S.W. 140 Street Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bischoff, Richard J. 6500 Riviera Drive Coral Gables, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael W. Sontag 14535 SW 63 Court Miami, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara E. Reed 1550 SW 57 Ave Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cromwell A. Anderson 1029 Hardee Road Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jack J. Partagas 1550 S.W. 57 Avenue Miami, FL 33134 <u>see attached</u>

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)

Attachment Doc # 605236

C 605454A



COMMERCIAL BANK OF FLORIDA

From the desk of

Barbara Reed

12.

change

Yelen, Martin
1925 Brickell Ave. #1001
Miami, FL 33129

add

Bruce P. Steinberger
1550 SW 57 Ave
Miami, FL 33134