

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

0900020
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DOCUMENT # **F02000004492**

1. Entity Name
BANCO DE CREDITO DEL PERU



06-09-2003 90113 002 ***550.00

Principal Place of Business
~~CALLE CENTENARIO NO-156~~
LA MOLINA, LIMA 12 PERU

Mailing Address
~~CALLE CENTENARIO NO-156~~
LA MOLINA, LIMA 12 PERU



2. Principal Place of Business
BANCO DE CREDITO DEL PERU

3. Mailing Address
121 ALHAMBRA PLAZA

Suite, Apt. #, etc.
SUITE 1200

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES, FLORIDA 33134

City & State

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

Zip Country Zip Country
33134

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

HOLLAND & KNIGHT LLP
701 BRICKELL AVE., STE. 3000
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C <input type="checkbox"/> Delete
NAME	ROMERO, DIONISIO
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	VC <input type="checkbox"/> Delete
NAME	NICOLINI, LUIS
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	CAMET, JORGE
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	FORT, FERNANDO
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	LLOSA, REYNALDO
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	NIERI, LUIS
STREET ADDRESS	701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP	MIAMI FL 33131

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reynaldo Llosa* **REYNALDO LLOSA** **Controller** **SIGNATURE REQUIRED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **6/2/03** **(786) 999-1233**
Date Daytime Phone #

CR2E034 (10/02)