

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000051077

Entity Name: BCICAPITAL, INC.**Current Principal Place of Business:**

C/O CITY NATIONAL BANK OF FLORIDA
ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 19TH FLOOR
MIAMI, FL 33131

Current Mailing Address:

C/O CITY NATIONAL BANK OF FLORIDA
ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 19TH FLOOR
MIAMI, FL 33131 US

FEI Number: 81-1486473**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASSTS
Name CARBALLO, MARIO
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title ASSTS
Name SERIO, JOSEPH
Address 100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title D
Name YARUR, DIEGO
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title CEO
Name MILLER, ERIC
Address 100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title SVP
Name TROLLINGER, MARK
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title D
Name GONZALEZ, JORGE
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title D
Name SHAVEL, LEONARD
Address C/O CITY NATIONAL BANK OF
FLORIDA
100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title D
Name PARADISI, JOHN
Address 100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MCHENRY KANE

ASST. SEC.

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title S
Name ZSCHOKKEE, STEPHANIE
Address 100 SE 2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title SVP
Name SELTZER, ROBERT A
Address C/O CITY NATIONAL BANK OF FLORIDA
ATTN: LEGAL DEPARTMENT100 SE 2ND
STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title ASSTS
Name KANE, MCHENRY
Address C/O CITY NATIONAL BANK OF
FLORIDA
ATTN: LEGAL DEPARTMENT100 SE
2ND STREET, 19TH FLOOR
City-State-Zip: MIAMI FL 33131