

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 446653

1. Entity Name

TOTALBANK

Principal Place of Business

2720 CORAL WAY
MIAMI FL 33145

Mailing Address

2720 CORAL WAY
MIAMI FL 33145-3202

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

59-1498440

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

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	ARSHT, ADRIENNE	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	FELDMAN, MYER	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	HEFFERNAN, WILLIAM J	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, BRUCE	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	EIDELSTEIN, GARY	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNOR, KEVIN	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATAS, RAQUEL M.	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PADRON, EDUARDO	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFERNAN WILLIAM J.	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINS, STACY	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, PATRICK	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLOSBERG, DAVID I.	
STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	

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: *William J. Heffernan*

WILLIAM J. HEFFERNAN

03/29/00

(305) 476-6254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90050 004 ***150.00



DO NOT WRITE IN THIS SPACE

CE02EN24 10/00