

2001 UNIFORM BUSINESS REPORT (UBR)

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

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 59-1872834

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90406 009 ***158.75

00054542



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment Doc # 605236

C 6054542



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