

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90109 004 ***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**

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's 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, 2002 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** ☐ Delete
 NAME **BISCHOFF, RICHARD J**
 STREET ADDRESS **6500 RIVIERA DRIVE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **BISCHOFF, RICHARD J.**
 STREET ADDRESS **2516 SAN DOMINGO STREET**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete
 NAME **NAMOFF, ROBERT**
 STREET ADDRESS **9440 SW 140 STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Change ☒ Addition
 NAME **[REDACTED]**
 STREET ADDRESS **[REDACTED]**
 CITY-ST-ZIP **[REDACTED]**

TITLE **D** ☐ Delete
 NAME **SIMON, SHERMAN**
 STREET ADDRESS **9999 COLLINS AVE. 20K**
 CITY-ST-ZIP **BAL HARBOUR FL**

TITLE **VT** ☐ Change ☒ Addition
 NAME **REED, BARBARA E.**
 STREET ADDRESS **1550 SW 57TH AVE**
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **CD** ☐ Delete
 NAME **ARMALY, JOSEPH**
 STREET ADDRESS **1550 S.W. 57TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **ANDERSON, CROMWELL A.**
 STREET ADDRESS **1029 HARDEE ROAD**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **D** ☐ Delete
 NAME **YELEN, MARTIN**
 STREET ADDRESS **1104 PONCE DE LEON BLVD**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **YELEN, MARTIN**
 STREET ADDRESS **1925 BRICKELL AVENUE, #1001**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **D** ☐ Delete
 NAME **SONTAG, MICHAEL W**
 STREET ADDRESS **14535 SW 63 COURT**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **PD** ☐ Change ☒ Addition
 NAME **PARTAGAS, JACK J.**
 STREET ADDRESS **1550 SW 57TH AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33144**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 (9/01)