

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761050

1. Entity Name

INTERNATIONAL BANKING OPERATIONS ASSOCIATION, IN

Principal Place of Business

2159 CORAL WAY
MIAMI FL 33131
US

Mailing Address

2159 CORAL WAY
MIAMI FL 33145-2627
US

2. Principal Place of Business

2159 Coral Way

3. Mailing Address

15748 SW 102 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

22-2271429

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33196

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RELIABLE AGENTS, INC.
777 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOLOMAN, CHERYL
STREET ADDRESS 801 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL 33231

☒ Delete

TITLE D
NAME BEDOYA, OSCAR
STREET ADDRESS 780 NW 42ND AVE.
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

TITLE TD
NAME SOSA, OSCAR
STREET ADDRESS 200 S. BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE S
NAME VAZQUEZ, MARIA A
STREET ADDRESS 777 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE PD
NAME MEJIA, RAFAEL
STREET ADDRESS 801 BRICKELL AVE
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VPD
NAME LEWIS, ARTHUR
STREET ADDRESS 2875 N.E. 191 ST
CITY-ST-ZIP MIAMI FL 33180

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME SOLOMAN CHERYL
STREET ADDRESS 801 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 (305) 799-9596

Date

Daytime Phone #

CR2E037 (9/99)