

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841609

1. Entity Name

BANCO DO ESTADO DE SAO PAULO, INCORPORATED (BANE

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90872 038 ***150.00

Principal Place of Business

Mailing Address

ONE BISCAYNE TOWER
SUITE 3700
MIAMI FL 33131

ONE BISCAYNE TOWER
SUITE 3700
MIAMI FL 33131

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

13-2761840

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

DE LIMA, ELISEU S
ONE BISCAYNE TOWER
SUITE 3700
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAGRO, JOAO A
R AURORA, 993*9 ANDAR, STA. EFIGENIA
SAO PAULO SP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EDUARDO AUGUSTO DE ALMEIDA
PCA-ANTONIO PRADO6-6 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DE PAIVA, ANTONIO J B
PRACA ANTONIO PRADO, 6
BRASIL SAO PAULO SP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MARCELLO CEYLAO DE CARVALHO
RUAJOAO BRICOLA, 32 -7
BRASIL SAO PAULO ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
D'ANGELO, ARIIVALDO
PRACA ANTONIO PRADO, 6
BRASIL SAO PAULO SP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MARIO SUNDFELD JUNIOR
RUA JOAO BRICOLA, 32 -12
BRASIL SAO PAULO ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GASPAR, HELCIO
PRACA ANTONIO PRADO, 6
BRASIL SAO PAULO,SP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTORA H.R
DIMAS LUIS RODRIGUES DA COSTA
PAULO ROBERTO MARTINS BRASIL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SIQUEIRA, PEDRO U
PRACA ANTONIO PRADO, 6
BRASIL SA. PAULO, SP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ENIO PEREIRA BOTELHO
RUA JOAO BRICOLA, 32 -7 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RA
DELIMA, ELISEU S
3700 ONE BISCAYNE TOWER
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RA
DELIMA, ELISEU S
3700 ONE BISCAYNE TOWER
MIAMI FLORIDA 33131 ☐ Change ☐ Addition

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:

ELISEU SATIRO DE LIMA FILHO
GENERAL MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)