

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90098 019 \*\*\*150.00

**DOCUMENT # 845964**

1. Entity Name  
**BANCO SANTANDER CENTRAL HISPANO, S.A.**

Principal Place of Business 701 BRICKELL AVENUE SUITE 2410 MIAMI FL 33131 US	Mailing Address 701 BRICKELL AVENUE SUITE 2410 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE  
**13-2617929**

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~13-2896947~~

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**TESTERMAN, GREGORY**  
**701 BRICKELL AVENUE**  
**SUITE 2410**  
**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 **Gregory Testerman, Agent & G.M.** **01/14/02**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>AMUSATEGUI, JOSE M</b> <b>PLAZA DE CANALEJAS, 1</b> <b>MADRID SP 28001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CORCOSTEGUI, ANGEL</b> <b>PLAZA DE CANALEJAS, 1</b> <b>MADRID SP 28001</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>ARROJO, JOSE MANUEL</b> <b>PLAZA CANALEJAS, 1</b> <b>MADRID SP 28014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BOTIN, EMILIO</b> <b>PLAZA CANALEJAS, 1</b> <b>MADRID SP 28014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GM</b> <b>TESTERMAN, GREGORY</b> <b>701 BRICKELL AVENUE, SUITE 2410</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>PEREZ HERNANDEZ, ENRIQUE</b> <b>PLAZA CANALEJAS 1</b> <b>MADRID SP 28014</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>Please change the tax ID #.</p> <p>Thank you.</p>	

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: **GREGORY TESTERMAN, AGENT & G.M.** **01/14/02** **(305) 373-2020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)