

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90030 025 ***150.00

DOCUMENT # 849653

1. Entity Name

ABN AMRO BANK N.V.

Principal Place of Business

First Union

SOUTHEAST FINANCIAL CENTER

200 SOUTH BISCAYNE BLVD. 22ND FLOOR
FL 33131-5311

Mailing Address

First Union

SOUTHEAST FINANCIAL CENTER

200 SOUTH BISCAYNE BLVD. 22ND FLOOR
MIAMI FL 33131-2310

100

00024526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-5268975

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~FINA MORALES~~ **Roberto Diaz de Villegas, COO**
200 S. BISCAYNE BLVD. 22ND FLOOR
MIAMI FL 33131

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 resigning)

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	PD	<input type="checkbox"/> Delete
NAME	KALFF, PJ	
STREET ADDRESS	FOPPINGADREEF 22	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN TETS, R.W.F.	
STREET ADDRESS	22 FOPPINGADREEF	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRABBEE, MJ	
STREET ADDRESS	FOPPINGADREEF 22	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEMPEST, HARRY	
STREET ADDRESS	135 SO. LASALLE ST, 340	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIBOURDOUILLE, DRS.P.	
STREET ADDRESS	ZWARTEWEG 14	
CITY-ST-ZIP	AERDENHOUT, NETHERLAND	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KOCH, PAUL	
STREET ADDRESS	200 SO BISCAYNE BLVD., 22ND FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

CR2E014 (9/99)