

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 90720 044 \*\*\*550.00

**DOCUMENT # 849653**

1. Entity Name

ABN AMRO BANK N.V.

Principal Place of Business

FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD. 22ND FLOOR  
 MIAMI FL 33131-5311

Mailing Address

FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD. 22ND FLOOR  
 MIAMI FL 33131-5311

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

13-5268975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VILLEGAS, ROBERTO D COO  
 200 S. BISCAYNE BLVD. 22ND FLOOR  
 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

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	<input type="checkbox"/> Delete
NAME	GROENICK, R.W.J	
STREET ADDRESS	FOPPINGADREEF 22	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN TETS, R.W.F.	
STREET ADDRESS	22 FOPPINGADREEF	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEJONG, J. M.	
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 checked="" type="checkbox"/> Delete
NAME	VAN DEN BRINK, R.G.C.	
STREET ADDRESS	FOPPINGADREEF 22	
CITY-ST-ZIP	AMSTERDAM ZU	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE SWAAB, T	
STREET ADDRESS	FOPPINGADREEF 22	
CITY-ST-ZIP	AMSTERDAM ZU	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolf Collee	
STREET ADDRESS	Foppingadreef 22	
CITY-ST-ZIP	Amerstam Z4	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joost Kuiper	
STREET ADDRESS	22 Foppingadreef	
CITY-ST-ZIP	Amsterdam Z4	
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
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 #

CR2E034 (9/01)