

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851782

1. Entity Name

BANQUE SUDAMERIS

Principal Place of Business

4 RUE MEYERBEER
B P 251-09 75429 PARIS CEDEX 09
PARIS, FRANCE

Mailing Address

701 BRICKELL AVENUE
9TH FLOOR
MIAMI FL 33131-2852

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

98-0050925

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

Name

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

City

FL

Zip Code

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
100 CHOPIN PLAZA
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 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	VC	<input type="checkbox"/> Delete
NAME	RAMBAUD, M. GUSTAVE	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MEUCCI, ENRICO	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	FCOO	<input checked="" type="checkbox"/> Delete
NAME	BISOGNI, ADRIANO	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DE VILLEMANDY, PATRICK	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	LANNI, A	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ABELLI, ALBERTO	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FEVP/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAMMATI, GENARO	
STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE	
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	SVP/MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LA FELD, HUBERT	
STREET ADDRESS	701 BRICKELL AVENUE, 9TH FLOOR	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	

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: Hubert De La Feld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 2000 305-372-2200

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE