

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90483 017 \*\*\*150.00

**DOCUMENT # 851782**

1. Entity Name  
**BANQUE SUDAMERIS**

Principal Place of Business Mailing Address  
**4 RUE MEYERBEER 701 BRICKELL AVENUE**  
**8 P 251-09 75429 PARIS CEDEX 09 9TH FLOOR**  
**PARIS, FRANCE 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 **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

**CORPORATION COMPANY OF MIAMI**  
**1600 MIAMI CENTER**  
**100 CHOPIN PLAZA**  
**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 \_\_\_\_\_ (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, 2001 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	TITLE	VP/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMBAUD, M. GUSTAVE		NAME	GUZZONATO GIORGIO	
STREET ADDRESS	4 RUE MEYERBEER		STREET ADDRESS	701 BRICKELL AVENUE SUITE 900	
CITY-ST-ZIP	PARIS, FRANCE		CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	CP	<input type="checkbox"/> Delete	TITLE	CCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEUCCI, ENRICO		NAME		
STREET ADDRESS	4 RUE MEYERBEER		STREET ADDRESS		
CITY-ST-ZIP	PARIS, FRANCE		CITY-ST-ZIP		
TITLE	FCOO	<input checked="" type="checkbox"/> Delete	TITLE	FEVP/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISOGLI, ADRIANO		NAME	STAMMATI GENNARO	
STREET ADDRESS	4 RUE MEYERBEER		STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE		CITY-ST-ZIP	PARIS, FRANCE	
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VILLEMANDY, PATRICK		NAME		
STREET ADDRESS	4 RUE MEYERBEER		STREET ADDRESS		
CITY-ST-ZIP	PARIS, FRANCE		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANNI, A		NAME	LANNI ALFONSO	
STREET ADDRESS	4 RUE MEYERBEER		STREET ADDRESS		
CITY-ST-ZIP	PARIS, FRANCE		CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELLI, ALBERTO		NAME	URIZIO GIOVANNI	
STREET ADDRESS	4 RUE MEYERBEER		STREET ADDRESS	4 RUE MEYERBEER	
CITY-ST-ZIP	PARIS, FRANCE		CITY-ST-ZIP	PARIS, FRANCE	

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:** VP/COMPTROLLER GIORGIO GUZZONATO **3-8-01** **305-372 2249**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #