

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90236 014 ***150.00

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1. Entity Name
**SANTANDER CENTRAL HISPANO PRIVATE ADVISORS LTD.
(INCORPORATED)**



Principal Place of Business
**1401 BRICKELL AVE., STE 540
MIAMI FL 33131**

Mailing Address
**1401 BRICKELL AVE., STE 540
MIAMI FL 33131**

80031787



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2204895

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

**SCOLA, MARIANO
1401 BRICKELL AVE., STE 540
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME	CD MACEDA, JOSE M STREET ADDRESS CASTELLANA 32, PLANTA CITY-ST-ZIP 28046 MADRID
TITLE NAME	D SCOLA, MARIANO STREET ADDRESS 1401 BRICKELL AVE., STE 540 CITY-ST-ZIP MIAMI FL
TITLE NAME	D DE LAS HERAS, GONZALO STREET ADDRESS 45 E. 53RD STREET CITY-ST-ZIP NEW YORK NY
TITLE NAME	
TITLE NAME	
TITLE NAME	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-539-5900
Date Daytime Phone #

CR2E034 (10/02)