

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001448

1. Entity Name  
BANCO DE SABADELL, S.A.

Principal Place of Business

701 BRICKELL AVE  
SUITE 2650  
MIAMI FL 33131  
US

Mailing Address

701 BRICKELL AVE  
SUITE 2650  
MIAMI FL 33131  
US

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 65-0274511

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

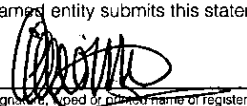
FRANCES, JOAQUIM  
801 BRICKELL AVENUE  
MIAMI FL 33131

Name **DIONISIO FERNANDEZ-NESPAAL**

Street Address (P.O. Box Number is Not Acceptable)  
701 BRICKELL AVENUE, SUITE 2650

City MIAMI FL Zip Code 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  **DIONISIO FERNANDEZ-NESPAAL** OPERATIONS MANAGER 4/12/01

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, 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 **C** ☐ Delete  
NAME **VILA, JUAN C**  
STREET ADDRESS **C/ VALERO 9**  
CITY-ST-ZIP **BARCELONA 08021, SPAIN**

TITLE **REGIONAL MANAGER** ☐ Change ☒ Addition  
NAME **JOAQUIN FRANCES**  
STREET ADDRESS **701 BRICKELL AVENUE SUITE 2650**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VC** ☐ Delete  
NAME **BRUTAU, BUENAVENTURA G**  
STREET ADDRESS **C/ BOSH I GIMPERA 35**  
CITY-ST-ZIP **BARCELONA 08034, SPAIN**

TITLE **MANAGER** ☐ Change ☒ Addition  
NAME **DIONISIO-FERNANDEZ-NESPAAL**  
STREET ADDRESS **701 BRICKELL AVENUE SUITE 2650**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete  
NAME **CREUS, JOSE O**  
STREET ADDRESS **RIERA COMO CLARA 15 BIS**  
CITY-ST-ZIP **AVELLA 08328, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **MARISTANY, JUAN MANUEL D**  
STREET ADDRESS **PLAZA CATALUNA 1**  
CITY-ST-ZIP **SABADELL 08021, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

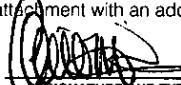
TITLE **D** ☐ Delete  
NAME **ROVIRA, MIGUEL B**  
STREET ADDRESS **PL CATALUNA 1, P.O. BOX 1**  
CITY-ST-ZIP **08021 SABADELL, SPAIN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MOMPART, ESTEBAN M.N**  
STREET ADDRESS **C/ JOVELLANOS 30**  
CITY-ST-ZIP **SABADELL 08021, SPAIN**

TITLE ☐ Change ☐ 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:  **DIONISIO FERNANDEZ-NESPAAL** 4/24/01 305-3501200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE