

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003113

1. Entity Name

BANCO BANDEIRANTES, S.A.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90048 044 \*\*\*150.00

Principal Place of Business

Mailing Address

2 S. BISCAYNE BLVD.  
STE 2680  
MIAMI FL 33131  
OC

2 S. BISCAYNE BLVD.  
STE 2680  
MIAMI FL 33131-1808  
OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3122045

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

VAZQUEZ-BELLO, CLEMENTE L ESQ.  
2 S. BISCAYNE BLVD.  
STE 2680  
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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GUIMARAES-NETO, FAUSTO VAZ  
RUA BOA VISTA, 162 SAO PAULO  
SP 01014 BR ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARTELS, RICARDO J  
RUA BOA VISTA, 162; SAO PAULO  
S.P. 01014, BRAZIL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TRAGUELHO, CARLOS PRIETO  
RUA BOA VISTA, 162; SAO PAULO  
S.P. 01014, BRAZIL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ALMEIDA PORTO, ANTONIO M S  
RUA BOA VISTA, 162; SAO PAULO  
S.P. 01014, BRAZIL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORALES, ANTONIO. G T  
RUA BOA VISTA, 162; SAO PAULO  
S.P. 01014, BRAZIL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PALADINI, ROBERTO L  
280 PK AVE 38 FL  
NY NY 10017 ☐ Delete

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

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 REQUIRED

Roberto L Paladini 04/24/00 305-5770035

Date

Daytime Phone #