

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000301

1. Entity Name

BANCO DE CHILE INCORPORATED

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90083 040 ***150.00

Principal Place of Business

Mailing Address

AHUMADA 251
SANTIAGO CHILE

200 S BISCAYNE BLVD
2700
MIAMI FL 33131-2305

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2999556

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

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
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	DC GANDULFO, ADOLFO R LA PEROUSE 5281 VITACURA SANTIAGO CHILE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MUNOZ, MARIO V CAMINO LAS FLORES 10.221 LAS CONDES SANTIAGO CHILE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLARI, JUAN C AV EL BOSQUE 333 DEPTO 81 PROVIDENCIA SANTIAGO CHILE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARME, ALFREDO M AV LAS CONDES 11.768 LAS CONDES SANTIAGO CHILE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, GUILLERMO T CONCEPCION 7618 LA FLORIDA SANTIAGO CHILE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DELANO ABBOTT, CARLOS A PIEDRA ROJA 1460 LOS DOMINICOS SANTIAGO CHILE	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SCHULIN-ZEUTHEN, SEGISMUNDO AHUMADA 251 SANTIAGO, CHILE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V LAVIN, CARLOS E AHUMADA 251 SANTIAGO, CHILE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNEO, JUAN AHUMADA 251 SANTIAGO, CHILE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANO, CARLOS A AHUMADA 251 SANTIAGO, CHILE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CARLOS A AHUMADA 251 SANTIAGO, CHILE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, MAXIMO AHUMADA 251 SANTIAGO, CHILE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATIAS HERRERA
GENERAL MANAGER

3/10/00
Date

(205) 378-6460
 daytime Phone #