

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90101 035 \*\*\*150.00

**DOCUMENT # F97000000301**

**1. Entity Name**  
**BANCO DE CHILE INCORPORATED**

**Principal Place of Business**  
**AHUMADA 251**  
**SANTIAGO CHILE**

**Mailing Address**  
**200 S BISCAYNE BLVD**  
**2700**  
**MIAMI FL 33131**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** **13-391562** **13-391562** **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**  
**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 reinstalling)** **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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ **Delete**  
**NAME** **SCHULIN-ZEUTHEN, SEGISMUNDO**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **SVP & GENERAL MANAGER** ☐ **Change** ☒ **Addition**  
**NAME** **MATIAS HERRERA**  
**STREET ADDRESS** **200 S.BISCAYNE BLVD # 2700 MIAMI, FL 33131**  
**CITY-ST-ZIP**

**TITLE** **DV** ☒ **Delete**  
**NAME** **LAVIN, CARLOS E**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☐ **Change** ☒ **Addition**  
**NAME** **JORGE AWAD**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☒ **Delete**  
**NAME** **CUNEO, JUAN**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☐ **Change** ☒ **Addition**  
**NAME** **GONZALO MENENDEZ**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☒ **Delete**  
**NAME** **DELANO, CARLOS A**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☐ **Change** ☒ **Addition**  
**NAME** **MAXIMO PACHECO**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☒ **Delete**  
**NAME** **MORENO, CARLOS A**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☐ **Change** ☒ **Addition**  
**NAME** **FRANCISCO PEREZ**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **D** ☐ **Delete**  
**NAME** **SILVA, MAXIMO**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**TITLE** **VC** ☐ **Change** ☒ **Addition**  
**NAME** **GUILLERMO LUKSIC**  
**STREET ADDRESS** **AHUMADA 251**  
**CITY-ST-ZIP** **SANTIAGO, CHILE**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **Daytime Phone #**

CR2E034 (9/01)