

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001563

1. Entity Name

CAJA DE AHORROS DE VALENCIA, CASTELLON Y ALICANT

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90147 029 ***150.00

Principal Place of Business

Mailing Address

801 BRICKELL AVE
#2320
MIAMI FL 33131

801 BRICKELL AVE
#2320
MIAMI FL 33131-4943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2088668

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

VALDES-FAULI, RAUL J
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD., #3400
MIAMI FL 33131

Name

GUILLERMO MARTINEZ-LLUCH

Street Address (P.O. Box Number is Not Acceptable)

801 BRICKELL AVE, STE. 2320

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

[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 CD ☐ Delete
NAME DE MIGUEL, JULIO
STREET ADDRESS CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP VALENCIA SPAIN

TITLE M ☐ Change ☒ Addition
NAME GUILLERMO MARTINEZ-LLUCH
STREET ADDRESS 801 BRICKELL AVE., STE 2320
CITY-ST-ZIP Miami, FL 33131

TITLE VD ☐ Delete
NAME TIRADO, ANTONIO J
STREET ADDRESS CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP VALENCIA-SPAIN

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

TITLE VD ☐ Delete
NAME ZARZUELA, ANA I
STREET ADDRESS CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP VALENCIA SPAIN

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

TITLE VD ☐ Delete
NAME MAS, JOSE
STREET ADDRESS CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP VALENCIA SPAIN

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

TITLE VD ☐ Delete
NAME CATALUNA, JOSE M
STREET ADDRESS CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP VALENCIA SPAIN

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

TITLE M ☐ Delete
NAME GARCIA-CHECA, JOSE F
STREET ADDRESS CALLE PINTOR SOROLLA 8,
CITY-ST-ZIP VALENCIA 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)