

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90136 004 \*\*\*150.00

**DOCUMENT # F99000004991**

**1. Entity Name**  
**BANMETROPOLITANO CORP.**



**Principal Place of Business**  
1101 S VERMONT AVE  
SUITE 112 GOLD PLZA  
LOS ANGELES CA 90006

**Mailing Address**  
1101 S VERMONT AVE  
SUITE 112 GOLD PLZA  
LOS ANGELES CA 90006



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 95-4479525

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ATTN: MR. DIEGO L. RESTREPO**  
**CORPORATION COMPANY OF MIAMI**  
**201 SOUTH BISCAYNE BLVD.-1500 MIAMI CENTER**  
**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Luis Alfredo Mendez R.*

03-28-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** P ☐ Delete  
**NAME** MACDONALD, FRANCISCO J.A.  
**STREET ADDRESS** 41 AVENIDA 14-22 ZONA 10  
**CITY-ST-ZIP** GUATEMALA CITY, GUATEMALA

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

**TITLE** D ☐ Delete  
**NAME** CARDENAS, PATRICIA DE  
**STREET ADDRESS** 16 C.4-53 Z.10 EDIF.MARBELLA  
**CITY-ST-ZIP** GUATEMALA CITY, GUATEMALA

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

**TITLE** D ☐ Delete  
**NAME** RUIZ PINTO, ROBERTO  
**STREET ADDRESS** 9A CALLE 34-47, ZONA 4 DE MIXCO  
**CITY-ST-ZIP** BOSQUES DE SAN NICOLAS, GUAT.

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

**TITLE** M ☒ Delete  
**NAME** VELA, SONIA  
**STREET ADDRESS** 1101 S VERMONT AVE STE 112  
**CITY-ST-ZIP** LOS ANGELES CA 90006

**TITLE** M ☐ Change ☒ Addition  
**NAME** Cecilia Orellana  
**STREET ADDRESS** 1101 S. VERMONT AVE STE 112  
**CITY-ST-ZIP** LOS ANGELES CA 90006

**TITLE** D ☐ Delete  
**NAME** MENDEZ R, LUIS ALFREDO  
**STREET ADDRESS** 16 C.4-53, Z.10 EDIF.MARBELLA  
**CITY-ST-ZIP** GUATEMALA, GUATE

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Luis Alfredo Mendez R.*

03-28-2003 (213) 427-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)