

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H14806

1. Entity Name

TRANSATLANTIC BANK

Principal Place of Business

Mailing Address

48 EAST FLAGLER STREET  
MIAMI FL 33131-1020

48 EAST FLAGLER STREET  
MIAMI FL 33131-1011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 ☐ Delete  
NAME D  
STREET ADDRESS ROK, SERGIO  
CITY-ST-ZIP 48 E. FLAGLER ST.  
MIAMI FL

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

TITLE ☐ Delete  
NAME DVC  
STREET ADDRESS MESA, JULIAN L  
CITY-ST-ZIP 9270 S.W. 93RD AVE  
MIAMI FL

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS KUPER, JACK  
CITY-ST-ZIP 2550 N.W. 39TH AVENUE  
MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Salomon Gold  
CITY-ST-ZIP 48 East Flagler Street  
Miami, FL 33131

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LERMAN, JORGE  
CITY-ST-ZIP 48 EAST FLAGLER ST  
MIAMI FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROK, NATAN R  
CITY-ST-ZIP 48 EAST FLAGLER ST  
MIAMI FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHECK, RAQUEL  
CITY-ST-ZIP 2120 N.E. 190 TERRACE  
N. MIAMI BEACH FL

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

3/22/00

Date

(305) 377-0200

Daytime Phone #

FILED  
Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90103 004 \*\*\*150.00

830847



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2422390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

CR2E034 (9/99)