

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M17400**

1. Entity Name

COMMERCEBANK HOLDING CORPORATION**FILED****Jan 27, 2001 8:00 am**
Secretary of State

01-27-2001 90085 035 ***158.75

Principal Place of Business

% CORPORATION COMPANY OF MIAMI
220 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address

% CORPORATION COMPANY OF MIAMI
220 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

00010010



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 **65-0032379**

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 EDWARD BALL BUILDING
100 CHOPIN PLAZA
MIAMI FL 33131

Address change

Name

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

201 South Biscayne Blvd., Suite 1500

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, 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **VILLAR, GUILLERMO**
STREET ADDRESS **220 ALHAMBRA CIRCLE**
CITY-ST-ZIP **MIAMI FL 33134**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WILSON, MILLAR**
STREET ADDRESS **1307 CAMPO SANO AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARTURET, GUSTAVO**
STREET ADDRESS **CALLE OTAMA #15 URB VALL**
CITY-ST-ZIP **CARACAS, VENEZUELA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **RODRIGUEZ, ALFREDO**
STREET ADDRESS **AVE PRINCIPAL NARANJOS 2**
CITY-ST-ZIP **CARACAS 1011, VENEZUEL**TITLE **D** ☐ Change ☒ Addition
NAME **Gonzalez Sosa, Alejandro**
STREET ADDRESS **Edificio Banco Mercantil**
CITY-ST-ZIP **Caracas, Venezuela**TITLE **D** ☐ Delete
NAME **ARNAL, DIEGO**
STREET ADDRESS **CALLE J QTA TANGO SANTA**
CITY-ST-ZIP **ROSA DE LIMA, CARCAS VZ**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LEIROS, ARMANDO**
STREET ADDRESS **AVE ANDRES BELLO**
CITY-ST-ZIP **CARACAS, VENEZUELA**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 express, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)