

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90113 047 \*\*\*150.00

**DOCUMENT # P00000113305**

1. Entity Name

**UNION CREDIT BANK**

Principal Place of Business

**1150 SOUTH MIAMI AVENUE  
 MIAMI FL 33130**

Mailing Address

**1150 SOUTH MIAMI AVENUE  
 MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1066544**

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

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, 2002 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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLAKE, JOHN H</b>	
STREET ADDRESS	<b>7801 LOS PINOS BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEL ROSAL, JORGE L</b>	
STREET ADDRESS	<b>9400 OLD CUTLER LANE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEHR, MILTON H</b>	
STREET ADDRESS	<b>8440 SW 104TH STREER</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGUIRE, GRACE V</b>	
STREET ADDRESS	<b>ONE GROVE ISLE DRIVE, APT 310</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RISHMAGUE, MIGUEL</b>	
STREET ADDRESS	<b>901 SAN PEDRO AVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RISHMAGUE, ODDE</b>	
STREET ADDRESS	<b>CAMINO DEL CONDOR 7821</b>	
CITY-ST-ZIP	<b>SANTIAGO, CHILE</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALCIDES I. AVILA</b>	
STREET ADDRESS	<b>12130 S.W. 68th AVE</b>	
CITY-ST-ZIP	<b>Pine Crest, FL 33156</b>	
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT TAMAYO</b>	
STREET ADDRESS	<b>6700 SW 115th Street</b>	
CITY-ST-ZIP	<b>Pinecrest, Florida 33156</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

Date

**(305) 398 00 00**

Daytime Phone #

CR2E034 (9/01)