


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90020 014 ***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
---	---

24001408

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062004 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D AVILA, ALCIDES L 12130 SW 68TH AVE. PINECREST, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Avila, Alcides I. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMAYO, ROBERT J 6700 SW 115TH ST PINECREST, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / B <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHR, MILTON H 8440 SW 104TH STREER MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8440 SW 104 Street <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, GRACE V ONE GROVE ISLE DRIVE, APT 310 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Grove Isle Dr., Apt.1102 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISHMAGUE, MIGUEL 901 SAN PEDRO AVE CORAL GABLES, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C 13000 Mar Street Coral Gables, Fl 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISHMAGUE, ODDE CAMINO DEL CONDOR 7821 SANTIAGO, CHILE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Camino Del Condor, 7821 Vitacura Santiago, Chile <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. TAMAYO

1/7/04

(305) 398-9000

Date Daytime Phone #