

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 016 ***150.00

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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**

400640000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-1066544

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

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

PAID

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AVILA, ALCIDES I
12130 SW 68TH AVE.
PINECREST, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pablo A. Alvarez
5733 Maggiore St
Coral Gables, FL 33146

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TAMAYO, ROBERT J
6700 SW 115TH ST
PINECREST, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7445 SW 157 Terrace
Palmetto Bay, FL 33157

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEHR, MILTON H
8440 SW 104 STREET
MIAMI, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGUIRE, GRACE V
ONE GROVE ISLE DR., APT 1102
MIAMI, FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9160101

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RISHMAGUE, MIGUEL
13000 MAR STREET
CORAL GABLES, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RISHMAGUE, ODDE
CAMINO DEL CONDOR, 7821
VITACURA SANTIAGO, CHILE,

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Robert J. Tamayo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.27.06

Date

Daytime Phone #

305-
398.9000