

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 NOV -9 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

10202006

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE PD
NAME TAMAYO, ROBERT J ☒ Delete
STREET ADDRESS 7445 SW 157 TERRACE
CITY-ST-ZIP PALMETTO BAY, FL 33157

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 800081668138
STREET ADDRESS 11/09/06--01042--007 **61.25
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Fernando Capablanca
STREET ADDRESS 1702 SW 103 Place
CITY-ST-ZIP Miami, FL 33165

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

TITLE D ☐ Change ☒ Addition
NAME Sandra Rishmague
STREET ADDRESS 13000 Mar Street
CITY-ST-ZIP Coral Gables, FL 33156

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jeffrey R Lynch VP & Controller 11/1/2006
2053989063