

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90046 043 ***550.00

0039226 AV

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

☒ CHECK HERE IF MAKING CHANGES

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT J. TAMAYO**
STREET ADDRESS **6700 SW 115th ST**
CITY-ST-ZIP **PINECREST, FL 33156**

TITLE **D** ☒ Delete
NAME **DEL ROSAL, JORGE L**
STREET ADDRESS **9400 OLD CUTLER LANE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

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

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

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

TITLE **D** ☐ Delete
NAME **MCGUIRE, GRACE V**
STREET ADDRESS **ONE GROVE ISLE DRIVE, APT 310**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **D** ☐ Delete
NAME **RISHMAGUE, MIGUEL**
STREET ADDRESS **901 SAN PEDRO AVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

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

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

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 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: **ROBERT J. TAMAYO PRES/CEO/DIRECTOR** 7/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (305) 398-9000

CR2E034 (4/03)