

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90384 033 \*\*\*158.75

**DOCUMENT # P01000055344**

**1. Entity Name**  
**PREMIER AMERICAN BANK**



**Principal Place of Business**  
5900 BIRD RD  
MIAMI FL 33155  
US

**Mailing Address**  
5900 BIRD RD  
MIAMI FL 33155  
US



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 65-1111218

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** ARELLANO, AGUSTIN  
**STREET ADDRESS** 7255 NW 19TH ST, STE B  
**CITY-ST-ZIP** MIAMI FL 33126

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

**TITLE** D ☐ Delete  
**NAME** AVINO, JOAQUIN  
**STREET ADDRESS** 1500 SAN REMO AVE, SUITE 300  
**CITY-ST-ZIP** CORAL GABLES FL 33146

**TITLE** D ☒ Change ☐ Addition  
**NAME** AVINO, JOAQUIN  
**STREET ADDRESS** 1500 SAN REMO AVE., SUITE 170  
**CITY-ST-ZIP** MIAMI, FL 33146

**TITLE** D/P ☐ Delete  
**NAME** BUSTILLO, OSCAR  
**STREET ADDRESS** 4627 UNIVERSITY DR  
**CITY-ST-ZIP** CORAL GABLES FL 33146

**TITLE** D/P/CEO ☒ Change ☐ Addition  
**NAME** BUSTILLO, JR., OSCAR  
**STREET ADDRESS** 5900 BIRD ROAD  
**CITY-ST-ZIP** MIAMI, FL 33155

**TITLE** D ☐ Delete  
**NAME** CUETO, ALFONSO  
**STREET ADDRESS** 5714 RIVIERA DR  
**CITY-ST-ZIP** CORAL GABLES FL 33143

**TITLE** D ☒ Change ☐ Addition  
**NAME** CUETO, ALFONSO A.  
**STREET ADDRESS** 5714 RIVIERA DR.  
**CITY-ST-ZIP** CORAL GABLES, FL 33146

**TITLE** D ☐ Delete  
**NAME** ESTEVE, JERONIMO  
**STREET ADDRESS** 5895 NW 167TH ST  
**CITY-ST-ZIP** MIAMI FL 33015

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

**TITLE** D ☐ Delete  
**NAME** MARTINEZ, CHARLIE  
**STREET ADDRESS** 14260 SW 199TH AVE  
**CITY-ST-ZIP** MIAMI FL 33186

**TITLE** D/VC ☒ Change ☐ Addition  
**NAME** MARTINEZ, CARLOS E. ("CHARLIE")  
**STREET ADDRESS** 11755 S.W. 90 ST., SUITE 210  
**CITY-ST-ZIP** MIAMI, FL 33186

**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:** *WILLIAM A. HERRERA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 305-668-5441

Date

Daytime Phone #

CR2E034 (10/02)