

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000062830**

1. Entity Name

FIRST BANK OF MIAMI SHARES, INC.

FILED

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DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2317 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

SAME

4. FEI Number

651122038

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

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

Fee Required

7. Name and Address of Current Registered Agent

Name

RAUL R. GARCIA

Street Address (P.O. Box Number is Not Acceptable)

701 BRICKELL AVENUE, SUITE 1740

City

MIAMI

FL

Zip Code
33131

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IN THIS SPACE**

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.

SIGNATURE **WLMCS REGISTERED AGENTS, INC.**

Signature, typed or printed name of registered agent and title if applicable.

BY: **Saturno E. Lugo**, PRESIDENT **07-07-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RENE DE PICCIOTTO - D/P
RUE DE LA CORRATERIE 6
CH-1211, GENEVE 11, SWITZERLAND

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700021464577
07/10/03--01063--012 **558.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RAUL R. GARCIA - D/VP, T, S
2317 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. 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 reports 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

JK 8/4