

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90098 022 ***150.00

DOCUMENT # P01000076618

1. Entity Name
PLUS INTERNATIONAL BANK



Principal Place of Business
1000 BRICKELL AVE. SUITE 1100
MIAMI FL

Mailing Address
1000 BRICKELL AVE. SUITE 1100
MIAMI FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33131

33131

4. FEI Number
65-1128000

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

Enrique V. Cabanilla

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

4117 Alhambra Circle

City

Coral Gables

FL

Zip Code

33146

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)

Jan. 24, 2003

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BAILLIETTE-JACOBSON, DEBORAH**
STREET ADDRESS **1 SE 1ST RD, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☒ Change ☐ Addition
NAME **Baillette-Jacobson, Deborah**
STREET ADDRESS **1236 SW 21st Terr**
CITY-ST-ZIP **Miami, FL 33145**

TITLE **D** ☐ Delete
NAME **CABANILLA, ENRIQUE**
STREET ADDRESS **4117 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D, P.** ☒ Change ☐ Addition
NAME **Cabanilla, Enrique**
STREET ADDRESS **4117 Alhambra Circle**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **D** ☐ Delete
NAME **DEUTSCH, BARRY**
STREET ADDRESS **1900 W COMMERCIAL BLVD, STE 100**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **D** ☐ Change ☒ Addition
NAME **Ira Weindruch**
STREET ADDRESS **3400 S. Ocean Blvd., #8L**
CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE **D** ☒ Delete
NAME **FOURNIE, PATRICK**
STREET ADDRESS **2400 E COMMERCIAL BLVD, SUITE 440**
CITY-ST-ZIP **FT LAUDERDALE FL 33308-4030**

TITLE **D** ☐ Change ☒ Addition
NAME **Roberto P. Barroso**
STREET ADDRESS **21178 Via Ventura**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **D** ☐ Delete
NAME **MEDINA, JAIME**
STREET ADDRESS **1221 BRICKELL AVE, SUITE 938**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Change ☒ Addition
NAME **Luis E. Prieto**
STREET ADDRESS **19370 Collins Avenue, #626**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

TITLE **D** ☐ Delete
NAME **SACAL, MANUEL**
STREET ADDRESS **7000 ISLAND BLVD, UNIT 1102**
CITY-ST-ZIP **AVENTURA FL 33160**

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Enrique V. Cabanilla

Jan. 24, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)