## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P01000094979 DOCUMENT #

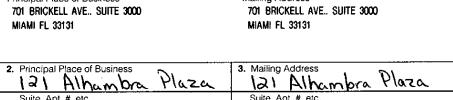
1. Entity Name

CREDICORP SECURITIES, INC.



Principal Place of Business 701 BRICKELL AVE., SUITE 3000 **MIAMI FL 33131** 

Mailing Address





FILED

Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90183 015 \*\*\*550.00

Suite, Apt, #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Suite 1200 City & State Applied For City & State 4. FEI Number APPLIED FOR Gables 41-204792 Not Applicable 辨 \$8.75 Additional 5. Certificate of Status Desired Azü Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 City 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. SIGNĂTURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE MUNOZ. CARLOS NAME NAME 121 Alhambra Plaza; Suite 1200 701 BRICKELL AVE STE 3000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33131** CITY-ST-ZIP Coral Gables, FL 33134 \*\*General Manager ☐ Delete TITLE **X** Change NAME MAGGIOLO, JAVIER NAME STREET ADDRESS 701 BRICKELL AVE STE 3000 STREET ADDRESS 121 Alhambra Plaza; Suite 1200 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Coral Gables, FL 33134 TITLE Delete TITLE Change NAME NAME Montero, Fernando STREET ADDRESS STREET ADDRESS 701 Brickell Ave., Ste. CITY-ST-ZIP CITY-ST-ZIP <u>Miami, Fl 33131</u> ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete Change ☐ Addition TITLE TITLE : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filli indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition