

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90013 034 ***158.75

DOCUMENT # P19502

1. Entity Name

BANCO STANDARD CHARTERED

Principal Place of Business

**CENTRO BANAVEN. NUCLEO D. PISO 5 AVE.
 AVE LA ESTANCIA
 CARACAS VE
 US**

Mailing Address

**ATTN: DANNY RODRIGUEZ
 701 BRICKELL AVE SUITE 1700
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**701 Brickell Avenue
 Suite, Apt. #, etc.
 1700**

3. Mailing Address

1 Evertrust Plaza

City & State

Miami, Florida

City & State

Jersey City, NJ 07302

Zip

33131

Country

USA

Zip

07302

Country

USA

4. FEI Number

65-0044114

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROJAS, JULIO
 701 BRICKELL AVE
 SUITE 2650
 MIAMI FL 33131**

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	D	<input checked="" type="checkbox"/> Delete
NAME	ECHEVERRIA, PEDRO	
STREET ADDRESS	FONDO DE INVERSIONES DE VENEZUELA	
CITY-ST-ZIP	CARACAS VE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRESPO, MARIANO	
STREET ADDRESS	FONDO DE INVERSIONES DE VENEZUELA	
CITY-ST-ZIP	CARACAS VE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACON, DOMINIC	
STREET ADDRESS	STANDARD CHARTERED BANK	
CITY-ST-ZIP	LONDON EN	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	LORETTA, DAVID	
STREET ADDRESS	STANDARD CHARTERED BANK	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROJAS, JULIO	
STREET ADDRESS	STANDARD CHARTERED BANK	
CITY-ST-ZIP	MIAMI FL	
TITLE	COPO	<input type="checkbox"/> Delete
NAME	GARZA, LUIS CARLOS	
STREET ADDRESS	STANDARD CHARTERED BANK	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Flores	
STREET ADDRESS	BANDES	
CITY-ST-ZIP	Caracas, Venezuela	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luisa Fernanda Cadavid	
STREET ADDRESS	Banco Standard Chartered	
CITY-ST-ZIP	Bogota, Colombia	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank D. Robleto	
STREET ADDRESS	Standard Chartered Bank	
CITY-ST-ZIP	Miami, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305-810-5633
 Date Daytime Phone #

CR2E034 (9/01)