

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90277 033 \*\*\*150.00

**DOCUMENT # P25487**

1. Entity Name

**MERRILL LYNCH BANK AND TRUST COMPANY (CAYMAN) LIMITED**

Principal Place of Business

% CORPORATION COMPANY OF MIAMI  
 1600 MIAMI CENTER, 100 CHOPIN PLAZA  
 MIAMI FL 33131

Mailing Address

% CORPORATION COMPANY OF MIAMI  
 1600 MIAMI CENTER, 100 CHOPIN PLAZA  
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-3507716**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION COMPANY OF MIAMI  
 201 SOUTH BISCAYNE BLVD  
 1600 MIAMI CENTER  
 MIAMI FL 33131-4328**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D JESELIK, JOHN K**  
 STREET ADDRESS **701 BRICKELL AVE 10 FL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition  
 NAME **Brian Spletzer**  
 STREET ADDRESS **701 Brickell Ave 18th fl**  
 CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ Delete  
 NAME **D ORDERS, NEIL**  
 STREET ADDRESS **ATLANTIC HOUSE, CIRCULAR RD**  
 CITY-ST-ZIP **DOUGLAS IS**

TITLE ☐ Change ☒ Addition  
 NAME **D Jose Malbrera**  
 STREET ADDRESS **33 Chester Street**  
 CITY-ST-ZIP **London, England SW2 7XD**

TITLE ☐ Delete  
 NAME **D TAN, DENNIS**  
 STREET ADDRESS **2 RAFFLES LINK**  
 CITY-ST-ZIP **SINGAPORE HO**

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

TITLE ☐ Delete  
 NAME **D YU, RAYMUNDO A**  
 STREET ADDRESS **2 RAFFLES LINK**  
 CITY-ST-ZIP **SINGAPORE HO**

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

TITLE ☐ Delete  
 NAME **MD NICHOLSON, JONATHAN S**  
 STREET ADDRESS **PO BOX 1164 N/A**  
 CITY-ST-ZIP **GRAND CAYMAN CA**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

*Brian Spletzer* 4/9/02 305-995-9281

CR2E034 (9/01)