

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90122 048 ***150.00

DOCUMENT # P31976

1. Entity Name

BANCO SANTA CRUZ S.A.

Principal Place of Business

Mailing Address

**801 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131**

**801 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131-2979**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0235069**

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

**COLLOM, JAMES MC
801 BRICKELL AVE, STE #1200
MIAMI FL 33131**

Name
Julio C. Justiniano
Street Address (P.O. Box Number is Not Acceptable)
801 Brickell Ave.
City **Miami** FL Zip Code **33131**

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 *Julio C. Justiniano* **Julio C. Justiniano VP & General Manager** **01-20-2000**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P ESCAMEZ TORRES, ANTONIO CASILLA 865 SANTA CRUZ BOLIVIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID GRIMA, JOAN CASILLA 865, SANTA CRUZ BOLIVIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIG ECHEVESTE, ANDRE R CASILLA 865, SANTA CRUZ BOLIVIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M TERCEROS BANZER, PABLO CASILLA 865, SANTA CRUZ BOLIVIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANSILLA-PENA, CLAUDIO CASILLA 865, SANTA CRUZ BOLIVIA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLE AMARETTI, HERMAN CASILLA 865, SANTA CRUZ BOLIVIA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Escamez Torres, Antonio Calle Junin 154 Santa Cruz, Bolivia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd.Vice President David Grima, Joan Calle Junin 154 Santa Cruz, Bolivia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Vice President Reig Echeveste, Andre R. Calle Junin 154 Santa Cruz, Bolivia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Calle Junin 154 Santa Cruz, Bolivia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mansilla-Pena, Claudio Calle Junin 154 Santa Cruz, Bolivia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wille Amaretti, Herman Calle Junin 154 Santa Cruz, Bolivia	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(6)(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: *David Grima* **DAVID GRIMA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-2000 (305)371-2266

Date Daytime Phone #