

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35338

1. Entity Name

UNION BANK OF JAMAICA LIMITED "CORPORATION"

Principal Place of Business

200 S BISCAYNE BLVD
SUITE 3550
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD.
SUITE 1600 (BB)
MIAMI FL 33131

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

65-0273083

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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1600 (BB)
MIAMI FL 33131

Name

Street Address (P.O. Box Number, Not Applicable)

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

OCTOBER 24, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	CEO KENNEDY, WILBUR "DON" C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEHMER, JIM C/O 17 DOMINICA DRIVE KINGSTON 5 JA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO VALOR, HECTOR C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO CIURLINO, BRENT C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO HOLLINGSWORTH, GRANT % 17 DOMINICA DRIVE KINGSTON 5 JA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FACEY, CAMILLE C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACT. MANAGING DIRECTOR CIURLINO, BRENT C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM EDWARDS, LOREN C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM GORDON, HOWARD C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM POWELL, MARY C/O 17 DOMINICA DRIVE KINGSTON 5, JAMAICA W.I.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGENT MURPHY, RICHARD C/O 201 S. BISCAYNE BOULEVARD MIAMI, FLORIDA, U.S.A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 119.07(3)(l), 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

5 September 2000

Date

Daytime Phone #

CAMILLE FACEY
SECRETARY

FILED

00 OCT 25 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR20034 (5/00)