

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 90079 001 ***150.00
05-17-2001 90079 002 *****8.75

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

8201 PETERS ROAD

Suite, Apt. #, etc.

SUITE #1000

City & State

PLANTATION FL

3. Mailing Address

8201 PETERS ROAD

Suite, Apt. #, etc.

SUITE #1000

City & State

PLANTATION FL

Zip

33324

Country

USA

Zip

33324

Country

USA

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 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, 2001 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 MD ☒ Delete
NAME CIURLINO, BRENT
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA W.I.

TITLE MD ☒ Change ☐ Addition
NAME SINANAN, AMRIT
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA, WEST INDIES

TITLE GM ☒ Delete
NAME EDWARDS, LOREN
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5 JA

TITLE SGM ☒ Change ☐ Addition
NAME daSILVA, JOSEPH
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA, WEST INDIES

TITLE GM ☒ Delete
NAME GORDON, HOWARD
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA W.I.

TITLE SGM ☒ Change ☐ Addition
NAME YETMING, VICTOR
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA WEST INDIES

TITLE GM ☐ Delete
NAME POWELL, MARY
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA W.I.

TITLE VP ☒ Change ☐ Addition
NAME FFRENCH, TREVOR
STREET ADDRESS 8201 PETERS ROAD, SUITE #1000
CITY-ST-ZIP PLANTATION, FL 33324

TITLE A ☒ Delete
NAME MURPHY, RICHARD
STREET ADDRESS % 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5 JA

TITLE S ☒ Change ☐ Addition
NAME COCKING, CHRISTINE E
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA, WEST INDIES

TITLE S ☒ Delete
NAME FACEY, CAMILLE
STREET ADDRESS C/O 17 DOMINICA DRIVE
CITY-ST-ZIP KINGSTON 5, JAMAICA W.I.

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 of 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

TREVOR A. FFRENCH V.P.

Date

4/16/2001

Daytime Phone #

305-530-9669

CR2E034 (10/00)