

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000007728

1. Entity Name
BANKUNITED FINANCIAL CORPORATION



Principal Place of Business
**255 ALHAMBRA CIR.
CORAL GABLES, FL 33134**

Mailing Address
**255 ALHAMBRA CIR.
CORAL GABLES, FL 33134**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0377773	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OTERO, ROBERT L
14817 OAK LANE
MIAMI LAKES, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLUM, LAWRENCE
STREET ADDRESS	10100 HIDDEN PL
CITY-ST-ZIP	MIAMI, FL
TITLE	DC
NAME	CAMNER, ALFRED
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DP
NAME	ORTIZ, RAMIRO
STREET ADDRESS	255 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SV
NAME	LOPEZ, BERT
STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

1/16/08

305-231-6411