

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90172 034 ***150.00

0159496

DOCUMENT # P96000007965

1. Entity Name

FIRST BANK OF MIAMI

Principal Place of Business

**2317 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address

**2317 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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 **65-0658480**

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

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 State10. 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
**PCEO
HERNANDEZ, OCTAVIO
2317 PONCE DE LEON BLVD.
CORAL GABLES FL 33134** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAUL GARCIA
10000 S.W. 93 AVENUE
MIAMI, FL 33176** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARURI, JOSE A
6847 GRANADA BLVD
CORAL GABLES FL 33134** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RENE DE PICCIOTTO
RUE DE LA CORRATERIE 6, CB6
GENEVE 11, CH-1211** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
DILL, DENNIS
2317 PONCE DE LEON BLVD.
CORAL GABLES FL 33134** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITCOMB, CHARLES
1833 SOUTH OCEAN DRIVE UNIT 902
HALLANDALE FL 30009** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GONZALEZ, MIGUEL
8300 SW 5 STREET
MIAMI FL 33144** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAPIRO, ARTHUR
3141 ROYAL PALM AVE
MIAMI BEACH FL 33140** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

DENNIS DILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**DENNIS DILL**

Date

4/30/01 (305) 444-7600

Daytime Phone #

CR2E034 (10/00)