AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-30-2002 90230 039 ****70.00
7/28/02 90197-037 -80.00

FILED

02 JUL 28 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007965

1. Entity Name

FIRST BANK OF MIAMI

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2317 PONCE DE LEON BLVD.	2317 PONCE DE LEON BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number: 650658480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ NEW ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of ~~Current~~ Registered Agent

Name: WLMC REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th STREET, SUITE 3100

City: MIAMI FL Zip Code: 33130

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.

WLMC REGISTERED AGENTS, INC.

By: SIGNATURE Susanne E. Lucas 06/06/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. Page 1 of 2 OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JORGE TRIAY - D/P 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE A. MARURI - D 6487 GRANADA BOULEVARD CORAL GABLES, FL 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICHARD E. CAMPBELL - VP 7718 NW 21st STREET MARGATE, FL 33063	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES WHITCOMB - D/CEO 2112 BRICKELL AVENUE MIAMI, FL 33129	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIGUEL GONZALEZ- D/S/T 8300 SW 5th STREET MIAMI, FL 33144	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAUL R. GARCIA - D 2317 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 2 of 2
B0126310

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074G6

1. Entity Name

FIRST BANK OF MIAMI

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2317 PONCE DE LEON BLVD.	2317 PONCE DE LEON BLVD.
State, Apt. #, etc.	State, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country:	Zip: 33134 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650658480 — Applied For / Not Applicable

5. Certificate of Status Desired: XX NEW — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of ~~Current~~ Registered Agent

Name: WLMC REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th STREET, SUITE 3100

City: MIAMI FL Zip Code: 33130

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.

WLMC REGISTERED AGENTS, INC.

By: _____ 06/06/02

SIGNATURE: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when reinstating.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

11. Page 2 of 2 OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENE DE PICCIOTTO - D/C RUE DE LA CORRATERIE 6 GENEVE 11, CH-1211, SWITZERLAND	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RENE F. RODRIGUEZ, M.D. - D 10395 WEST 46th STREET MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 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 #