

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000007965**

1. Entity Name

FIRST BANK OF MIAMI

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2317 PONCE DE LEON BLVD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

SAME

4. FEI Number

650658480

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired ☒ **\$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)

SUITE 3100

80 SW 8th STREET

City

MIAMI

FL

Zip Code  
33130

**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.

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) ☐

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

600021464906  
07/10/03--01063--013 \*\*558.75

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  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CHARLES WHITCOMB - D/CEO  
2112 BRICKELL AVENUE  
MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MIGUEL GONZALEZ D/S/T  
8300SW 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

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 information.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/03

DATE

Daytime Phone #

CR2E034B (12/01)

2h 8/11

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**FILED**

03 AUG -8 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Added to Fees

11. PAGE 2 OF 2

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
RENE DE PICCIOTTO  
RUE DE LA CORRATERIE 6  
CH-1211, GENEVE 11, SWITZERLAND

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rafel P. Gonzalez*

7/9/03

Date

Daytime Phone #

CR2E034B (12/01)