

**2000 UNIFORM BUSINESS REPORT (UBR)**

8.

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90011 040 \*\*\*500.00  
 08-17-2000 90001 006 \*\*\*\*50.00

**DOCUMENT # P98000093015**

1. Entity Name

**SOFISA BANK OF FLORIDA**

Principal Place of Business

14095 S. DIKE HWY.  
 MIAMI FL 33156

Mailing Address

P.O. BOX 562500  
 MIAMI FL 33256-2500

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

**67-0878433**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

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 (the if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

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ST- ZIP	NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete BURMAIAN, VARUJAN ALAMEDA FRANCA 660, APT. 26 SAO PAULO, S.P., BRAZIL		
	<input type="checkbox"/> Delete BURMAIAN, ALEXANDRE ALAMEDA FRANCA 660, APT. 26 SAO PAULO, S.P., BRAZIL		
	<input type="checkbox"/> Delete DOMINGUEZ, LUIS V 4477 N.W. 33RD DORAL CT. MIAMI FL 33178		
	<input type="checkbox"/> Delete LONDONO, ROBERT M 9530 S.W. 68TH AVE MIAMI FL 33168		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete MUELLER, GEORGE R 6058 GLENDALE DR. BOCA RATON FL 33433		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete ROCHA, PAULO M 101 CRANDON BLVD., APT. 377 KEY BISCAYNE FL 33149		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*  
 Date: **8/14/00**