

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051310

Entity Name: MARQUIS BANK**Current Principal Place of Business:**355 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES, FL 33134**Current Mailing Address:**355 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES, FL 33134**FEI Number:** 26-0179431**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLTZ, JAVIER J
355 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES, FL 33134 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D/P
Name	LOPEZ, MIRIAM
Address	355 ALHAMBRA CIRCLE, SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	EDELCUP, NORMAN S
Address	355 ALHAMBRA CIRCLE, SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	FELDMAN, PHILIP J
Address	355 ALHAMBRA CIRCLE, SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D/S
Name	GROSS, JARRET L
Address	355 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	PERLOW, JEFFREY M
Address	355 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	CEO
Name	HOLTZ, JAVIER J
Address	355 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	CHAPLIN, PAUL B
Address	355 ALHAMBRA CIRCLE SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	CHOUINARD, ALFRED R
Address	355 ALHAMBRA CIRCLE SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAVIER J HOLTZ

CEO

03/12/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHOHET, HILLEL
Address	355 ALHAMBRA CIRCLE SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134