## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000032047

Entity Name: BCI FINANCIAL GROUP, INC.

**Current Principal Place of Business:** 

C/O CITY NATIONAL BANK OF FLORIDA

ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 13TH FLOOR

MIAMI, FL 33131

**Current Mailing Address:** 

C/O CITY NATIONAL BANK OF FLORIDA

ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 13TH FLOOR

MIAMI, FL 33131 US

FEI Number: 98-0595576 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARBALLO, MARIO

C/O CITY NATIONAL BANK OF FLORIDA

ATTN: LEGAL DEPARTMENT 100 SE 2ND STREET, 16TH FLOOR

MIAMI, FL 33131 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: MARIO CARBALLO 02/08/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DGM Title SGM

Name GONZALEZ, JORGE Name KANE, MCHENRY

Address C/O CITY NATIONAL BANK OF Address C/O CITY NATIONAL BANK OF

FLORIDA FLORIDA

100 SE 2ND STREET, 13TH FLOOR 100 SE 2ND STREET, 13TH FLOOR

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title DGM Title DGM

Name VEGA, MARIA GRISEL Name VON CHRISMAR, EUGENIO

Address C/O CITY NATIONAL BANK OF Address C/O CITY NATIONAL BANK OF

FLORIDA FLORIDA

100 SE 2ND STREET, 13TH FLOOR
City-State-Zip: MIAMI FL 33131
City-State-Zip: MIAMI FL 33131
City-State-Zip: MIAMI FL 33131

Title CFOT

Name MARINA, JOSE
Address 100 SE 2ND STREET

City-State-Zip: MIAMI FL 33131

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: MCHENRY KANE SGM 02/08/2021

FILED Feb 08, 2021

**Secretary of State** 

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