## 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000051077

Entity Name: BCICAPITAL, 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: NOT APPLICABLE Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 **ASSTS** Title SVP

Name CARBALLO, MARIO Name TROLLINGER, MARK

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

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

Title **ASSTS** Title D

Name SERIO, JOSEPH Name GONZALEZ, JORGE

Address 100 SE 2ND STREET, 13TH FL Address C/O CITY NATIONAL BANK OF

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

100 SE 2ND STREET, 13TH FLOOR

MIAMI FL 33131 City-State-Zip: Title D

YARUR, DIEGO Name Title

C/O CITY NATIONAL BANK OF SHAVEL, LEONARD Address Name **FLORIDA** 

Address C/O CITY NATIONAL BANK OF 100 SE 2ND STREET, 13TH FLOOR

**FLORIDA** MIAMI FL 33131 100 SE 2ND STREET, 13TH FLOOR

City-State-Zip:

City-State-Zip: MIAMI FL 33131 Title CEO

Name MILLER, ERIC Title

100 SE 2ND STREET 13TH FL PARADISI, JOHN Address Name

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

> City-State-Zip: MIAMI FL 33131

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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.

02/25/2022 SIGNATURE: MARIO CARBALLO **ASSTS** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 25, 2022

Secretary of State

6002264121CC

## Officer/Director Detail Continued:

Title S Title ASSTS

Name ZSCHOKKEE, STEPHANIE Name KANE, MCHENRY

Address 100 SE 2ND STREET 13TH FL Address C/O CITY NATIONAL BANK OF

City-State-Zip: MIAMI FL 33131 FLORIDA

tate-Zip: MIAMI FL 33131 ATTN: LEGAL DEPARTMENT 100 SE

2ND STREET, 13TH FLOOR

Title SVP City-State-Zip: MIAMI FL 33131

Name SELTZER, ROBERT A

Address C/O CITY NATIONAL BANK OF FLORIDA

ATTN: LEGAL DEPARTMENT 100 SE 2ND

STREET, 13TH FLOOR

City-State-Zip: MIAMI FL 33131