

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000093015

**FILED**  
**Feb 20, 2024**  
**Secretary of State**  
**9380284054CC**

**Entity Name:** SUNSTATE BANK

**Current Principal Place of Business:**

2901 S. LE JEUNE ROAD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2901 S LE JEUNE RD  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0878433

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MACASTROPA, FABRICIO EVP/CFO  
SUNSTATE BANK  
14095 S. DIXIE HWY.  
MIAMI, FL 33176 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:** FABRICIO C MACASTROPA

02/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN OF THE BOARD  
Name BURMAIAN, ALEXANDRE  
Address 2901 S LE JEUNE RD  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR, PRESIDENT AND CEO  
Name DE VAUX, LLOYD  
Address 2901 S LE JEUNE RD  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name NETO, ANDRE J  
Address 2901 S LE JEUNE RD  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name LIEBERMAN, DAVID A  
Address 14095 S. DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name MCALLASTER, CRAIG M  
Address 14095 S. DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR, EVP AND COO  
Name DEBESA, BARBARA Y  
Address 14095 S. DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33176

Title DVP,BSA,AML,OFAC OFFICER  
Name ACEVEDO, GUSTAVO A.  
Address 14095 S. DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR, EVP AND CFO  
Name MACASTROPA, FABRICIO C  
Address 2901 S LE JEUNE RD  
City-State-Zip: MIAMI 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:** FABRICIO CAPRIO MACASTROPA

CFO

02/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SVP AND CLO  
Name MCMANUS, DAVID A  
Address 14095 S. DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33176