

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999 2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00-APR 27-AM 10:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # P95000007728

1. Corporation Name BANKUNITED FINANCIAL CORPORATION

Principal Place of Business 255 ALHAMBRA CIR. CORAL GABLES FL 33134 Mailing Address 255 ALHAMBRA CIR. CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1995 4. FEI Number 65-0377773 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 26 27 28 29 30

9. Name and Address of Current Registered Agent ASHTON, NANCY L 255 ALHAMBRA CIR. CORAL GABLES FL 33134

10. Name and Address of New Registered Agent 81 Name ROBERTO DIAZ 82 Street Address (P.O. Box Number is Not Acceptable) 7815 NW 148 TH STREET 83 City MIAMI LAKES FL 84 Zip Code 33016 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/19/00

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUM, LAWRENCE	
STREET ADDRESS	10100 HIDDEN PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	CAMNER, ALFRED	
STREET ADDRESS	6855 SW 101 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DOUGHERTY, JAMES	
STREET ADDRESS	5331 SW 90 AVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FORD, EARLINE	
STREET ADDRESS	20490 NE 22 CT	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	ASHTON, NANCY	
STREET ADDRESS	7552 NOVA DR	
CITY-ST-ZIP	DAVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
1.2 NAME	Mehdi Ghomeshi	
1.3 STREET ADDRESS	255 Alhambra Circle	
1.4 CITY-ST-ZIP	CORAL Gables, FL 33134	
2.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
2.2 NAME	LOPEZ, BERT	
2.3 STREET ADDRESS	255 ALHAMBRA CIRCLE	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
3.2 NAME		
3.3 STREET ADDRESS	800003264428--0	
3.4 CITY-ST-ZIP	-05/24/00--01003--010	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
4.2 NAME		
4.3 STREET ADDRESS	***150.00 ***150.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature, typed or printed name of signing officer or director. (NOTE: Signature and typed name of signing officer or director required) DATE 4/25/00

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