

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90061 002 ****70.00

DOCUMENT # 770790

1. Entity Name

NICARAGUAN AMERICAN BANKERS AND BUSINESSMEN ASSO

R

Principal Place of Business

Mailing Address

G/O R. ARGUELLO
 700 BRICKELL AVE
 MIAMI FL 33131
 US

P.O. BOX 16-3809
 G/O R. ARGUELLO
 MIAMI FL 33116-3809
 US

2. Principal Place of Business

3. Mailing Address

11045 S. W. 138th. Court
 Suite, Apt. #, etc.

11045 S. W. 138th. Court
 Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Miami, Florida

Zip
 33186-3233

Country
 USA

Zip
 33186-3233

Country
 USA

4. FEI Number

59-2329444

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTILLO, ALVARO ESQ
 1390 BRICKELL AVE
 #200
 MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: D NAME: ARGUELLO, ROBERTO J. STREET ADDRESS: 700 BRICKELL AVE CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: LOPEZ, IRMA CAROL STREET ADDRESS: 201 S BISCAYNE BLVD, 28TH FLOOR CITY-ST-ZIP: MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: MENDIETA, URIEL STREET ADDRESS: 3191 SW 22ND ST CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DP NAME: BRAUTIGAM, HARRY STREET ADDRESS: 201 S BISCAYNE BLVD CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: SALAZAR, RENATO STREET ADDRESS: 780 NW 42ND AVENUE CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: ORTIZ, ARMANDO STREET ADDRESS: 11045 SW 138 CT. CITY-ST-ZIP: MIAMI FL <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Armando Ortiz
SIGNATURE REQUIRED
 ARMANDO ORTIZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-08-2000

Date

(305) 385-4643

Daytime Phone #

CR2E037 (5/00)