

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90025 047 ****61.25

004245

DOCUMENT # N34038

1. Entity Name

FRATERNIDAD NICARAGUENSE, INC.

Principal Place of Business

Mailing Address

9746 CORAL WAY
 MIAMI FL 33165
 US

9746 CORAL WAY
 MIAMI FL 33165
 US

022904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9766 S.W. 24 Street

9766 S.W. 24 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

Miami, Florida

Miami, Florida

4. FEI Number

65-0172193

Applied For

Not Applicable

Zip

Country

33165

USA

Zip

Country

33165

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVIEDO-REYES, ALFONSO E
 8370 WEST FLAGLER STREET
 SUITE 110
 MIAMI FL 33144

Only change of address

Name

Oviedo-Reyes, Alfonso E.

Street Address (P.O. Box Number is Not Acceptable)

9766 S.W. 24 Street, Suite 4

City

Miami

FL

Zip Code

33165

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**

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

TITLE: DP Delete
 NAME: OVIEDO-REYES, ALFONSO
 STREET ADDRESS: 8370 W FLAGLER ST STE 110
 CITY-ST-ZIP: MIAMI FL 33144

TITLE: DP Change Addition
 NAME: Oviedo-Reyes, Alfonso
 STREET ADDRESS: 9766 S.W. 24 Street, Suite 4
 CITY-ST-ZIP: Miami, Florida 33165

TITLE: DV Delete
 NAME: LOPEZ, AURORA
 STREET ADDRESS: 5218 SW. 139 CT
 CITY-ST-ZIP: MIAMI FL 33175

TITLE: DV Change Addition
 NAME: Lopez Aurora
 STREET ADDRESS: 9766 S.W. 24 Street, Suite 4
 CITY-ST-ZIP: Miami Florida 33165

TITLE: DM Delete
 NAME: BRITTON, NORA
 STREET ADDRESS: 9746 SW. CORAL WAY
 CITY-ST-ZIP: MIAMI FL 33165

TITLE: DM Change Addition
 NAME: Britton, Nora
 STREET ADDRESS: 11971 S.W. 118 Street
 CITY-ST-ZIP: Miami, Florida 33165

TITLE: D Delete
 NAME: PORTILLO, SOCORRO
 STREET ADDRESS: 1044 SW. 10 ST
 CITY-ST-ZIP: MIAMI FL 33130

TITLE: D Change Addition
 NAME: Portillo, Socorro
 STREET ADDRESS: 1044 S.W. 10 Street
 CITY-ST-ZIP: Miami, Florida 33130

TITLE: D Delete
 NAME: RODRIGUEZ, CARLOS
 STREET ADDRESS: 2001 SW. 3.AVE
 CITY-ST-ZIP: MIAMI-FL 33129

TITLE: Change Addition

TITLE: D Delete
 NAME: PORTILLO, SOCORRO
 STREET ADDRESS: 1044 SW 10 ST
 CITY-ST-ZIP: MIAMI FL

TITLE: Change Addition

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: SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/01

Date

Daytime Phone #

CR2E037 (10/00)