

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770790

1. Entity Name

NICARAGUAN AMERICAN BANKERS AND BUSINESSMEN ASSO

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

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

Principal Place of Business

Mailing Address

G/O R. ARGUELLO

P.O. BOX 16-3809

700 BRICKELL AVE

G/O R. ARGUELLO

MIAMI FL 33131

MIAMI FL 33116-3809

US

US

2. Principal Place of Business

11045 S. W. 138th. Court

Suite, Apt. #, etc.

3. Mailing Address

11045 S. W. 138th. Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

33186-3233

USA

City & State

Miami, Florida

Zip

Country

33186-3233

USA

4. FEI Number

59-2329444

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO ESQ

1390 BRICKELL AVE

#200

MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

09-08-2000

(305) 385-4643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)