

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90146 030 \*\*\*150.00

**DOCUMENT #** K90850

1. Entity Name

NICARAGUA BUSINESS CORPORATION

Principal Place of Business

Mailing Address

27 NW 13TH AVENUE  
 MIAMI FL 33125

8502 NW 198TH TERR  
 MIAMI, FL 33015

2. Principal Place of Business

3. Mailing Address

8502 NW 198TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FL

4. FEI Number

650120055

Applied For

Not Applicable

Zip

Country

Zip

Country

33015

MIAMI-DADE

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

JOSE G TORRES  
 8502 NW 198TH TERR  
 MIAMI, FL 33015

Name  
 JOSE G TORRES

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

8502 NW 198TH TERR

City  
 MIAMI

FL Zip Code  
 33015

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
 NAME LUIS A VANEGAS ☐ Delete  
 STREET ADDRESS 261 NW 68 ST  
 CITY - ST - ZIP MIAMI, FL 331

TITLE VP  
 NAME FATIMA VANEGAS ☐ Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LUIS A VANEGAS

05/01/00 305/975-4672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #