

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006788

1. Entity Name

CENTRAL FLORIDA NICARAGUENSES ASSOCIATION INC.

Principal Place of Business

Mailing Address

859 XAVIOR AVE
ORLANDO FL 32807

859 XAVIOR AVE
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-06 09 003

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

PADILLA, SERGIO
859 XAVIOR AVE
ORLANDO FL 32807

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)

03/11/02

FILE NOW: FEE IS \$81.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PADILLA, SERGIO	859 XAVIOR AVE	ORLANDO FL 32807	☐
	MOLINA-DONDONELLI PL, JUAN	859 XAVIOR AVE	ORLANDO FL 32807	☐
	PAGUAGUA, ANGEL	5648 S RIO GRANDE	ORLANDO FL 32839	☒
	BARRIO, ELVIS	5648 S RIO GRANDE	ORLANDO FL 32839	☒
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	Jubia Hakke - SECRETARY	2150 Euston Rd. Winter park FL	32789	☐	☒
	Carolina Delgado O.	859 XAVIOR AVE ORLANDO FL	32807 APT A. TREASURER	☐	☒
	Sergio Ivan Padilla	1510 NE 132 ND RD.	N MIAMI, FL. 33161-44-34	☐	☒
	Luis Brenes	8403 QUISQUALIS DR.	ORLANDO, FL. 32822-0000.	☐	☒

12. I hereby certify that the information submitted on this form 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/11/02

727-6673 Fax 281-0930

FILED
Jun 27, 2002 8:00 am
Secretary of State

03-29-2002 91440 001 ****61.50

03-29-2002 91440 002 ****13.50



DO NOT WRITE IN THIS SPACE

CR2007 (9/01)