

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 31, 2001 08:00 AM  
Secretary of State****DOCUMENT # N23731****1. Entity Name**  
NICARAGUAN-AMERICAN TEACHERS ASSOCIATION, INC.

<b>Principal Place of Business</b> 11521 S.W. 4TH STREET  MIAMI FL 33174	<b>Mailing Address</b> 11521 S.W. 4TH STREET  MIAMI FL 33174
---	---

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country Zip Country

**4. FEI Number**  
**65-0053588**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**HERNANDEZ, EMILIO A.  
11521 S.W. 4TH STREETMIAMI FL  
33174

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** **08/31/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**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	FL	Change	Addition
D	ROBLES, HELIA MARIA	2525 SW 29TH AVE.	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
D	DUARTE, ESPERANZA	550 SW 115 AVE. A-2	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
D	BUITRAGO, PEDRO	15385 SW 57 ST	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
T	SOBALVARRO, EMILIO	2525 SW 29TH AVE.	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
D	PEREZ, FELIX O.	8277 NW 7TH ST	MIAMI	FL	<input type="checkbox"/>	<input type="checkbox"/>
P	HERNANDEZ, EMILIO A.	11521 SW 4TH ST	MIAMI	FL 33174	<input type="checkbox"/>	<input type="checkbox"/>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** EMILIO A. HERNANDEZ **P** **08/31/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)