2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002
Secretary of State

DOCUMENT# N23731

Entity Name: NICARAGUAN-AMERICAN TEACHERS ASSOCIATION, INC.

Current Principal Place of Business:

11521 S.W. 4TH STREET
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

11521 S.W. 4TH STREET
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0053588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, EMILIO A.
11521 S.W. 4TH STREET
MIAMI, FL 33174

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HERNANDEZ, EMILIO A.,	
Address:	11521 SW 4TH ST	
City-St-Zip:	MIAMI, FL 33174 US	
Title:	D	( ) Delete
Name:	PEREZ, FELIX O.,	
Address:	8277 NW 7TH ST	
City-St-Zip:	MIAMI, FL	
Title:	T	( ) Delete
Name:	SOBALVARRO, EMILIO,	
Address:	2525 SW 29TH AVE.	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	BUITRAGO, PEDRO,	
Address:	15385 SW 57 ST	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	DUARTE, ESPERANZA,	
Address:	550 SW 115 AVE. A-2	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	ROBLES, HELIA MARIA,	
Address:	2525 SW 29TH AVE.	
City-St-Zip:	MIAMI, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILIO A. HERNANDEZ P 09/03/2002

Electronic Signature of Signing Officer or Director — Date