2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9300005391 Sep 21, 2000 8:00 am Secretary of State 1. Entity Name NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A. 09-21-2000 90004 013 ***175.00 Principal Place of Business Mailing Address P.O. BOX 693606 P.O. BOX 693606 MIAMI FL 33269 MIAMI FL 33269 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0452346 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELMAR-BACON, MAIDA 20010 NW 83RD CT. HIALEAH FL 33015 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be -After September 13, 2000 min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ■ Addition Temple, Presidentino TITI F Delete TITLE MARUM NAME DELMAR-BACON, MAIDA NAME STREET ADDRESS STREET ADDRESS 20010 NW 83RD CT. lċ Florida 33166 CITY-ST-ZIP City-S7-ZiP HIALEAH FL 33015 ☐ Addition TITLE ☐ Delete TITLE GREEN, LEONARD maida NAME NAME 2990 WENTWORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P FT LAUDERDALE FL Change - Addition Delete TITLE TITLE DELMAR, ERNESTO NAME NAME STREET ADDRESS STREET ADDRESS 20010 NW 83RD CT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition TITLE Delete NAME MORALES, LUCIO S NAME STREET ADDRESS STREET ADDRESS 12500 NE 15TH AVE. # 202 CITY-ST-7IP CITY-ST-ZIP NORTH MIAMI FL 33161 Change ☐ Addition TITLE ☐ Delete NAME JAENTSCHKE, ELDA NAME STREET ADDRESS STREET ADDRESS 1051 NE 163RD ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, 100 Chapter 017, 200 Chapter 017, 200