

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002626

1. Entity Name

MISS NICARAGUA U.S.A. INTERNACIONAL, CORP.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90010 002 ****61.25

Principal Place of Business

1025 N.W. 128TH COURT
MIAMI FL 33182

Mailing Address

1025 N.W. 128TH COURT
MIAMI FL 33182-1850

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

65-0502986

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

SORIANO, MARIA A
1025 N.W. 128TH COURT
MIAMI FL 33182

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	SORIANO, MARIA A	
STREET ADDRESS	1025 NW 128TH CT.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORIANO, MARTIN	
STREET ADDRESS	1025 NW 128TH CT.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEBAYLE, LUIS	
STREET ADDRESS	6830 BIRD ROAD	
CITY-ST-ZIP	MAIMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, ELOY	
STREET ADDRESS	1025 NW 128TH COURT	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

MARIA A SORIANO 1-28-2000 305-553-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)