

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90097 046 ****70.00

DOCUMENT # N94000004215

1. Entity Name

NICARAGUAN-AMERICAN GOLF ASSOCIATION, INC.

Principal Place of Business

14371 SW 116 TERRACE
 MIAMI FL 33186
 US

Mailing Address

4308 UNIVERSITY DR.
 CORAL GABLES FL 33146

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

13581 SW 112 AV.

MIAMI

FL

33176

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0518294

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EVARISTO, OCON M
 4308 UNIVERSITY DR
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

RAMIRO SUGRANES

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

13581 SW 112 AV

MIAMI

City

FL

Zip Code

33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

SECRETARY

(NOTE: Registered Agent signature required when reinstating)

9/10/2

DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RIVAS, PABLO	
STREET ADDRESS	9022 SW 123RD CT #205	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUGO, JUAN JOSE	
STREET ADDRESS	7500 SW 107 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTEALEGRE, JORGE	
STREET ADDRESS	1322 CASTLE AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	DEL CARMEN, EDUARDO J	
STREET ADDRESS	10240 SW 142ND ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OCON, EVARISTO MD	
STREET ADDRESS	4308 UNIVERSITY DR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS ALBIR	
STREET ADDRESS	6246 SW 102 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XAVIER NAVARRO	
STREET ADDRESS	10720 SW 60 ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLOS R. WEISSENBERG	
STREET ADDRESS	12344 S.W. 94 LN	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMIRO SUGRANES	
STREET ADDRESS	13581 SW 112 AVE	
CITY-ST-ZIP	MIAMI FL 33176	

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:

SIGNATURE REQUIRED

7/64/2

305 648 46 09

CR2E037 (4/02)

Attachment

N94000004215

September 10, 2002

Florida Department of State
Tallahassee, FL 33302-1500

Ref: 65-05 18294

Dear Sir or Madam:

I am enclosing check # 1408 for \$70, which includes fee of \$61.25 plus \$8.75 for Certificate of Status.

We are late in sending this as our former secretary had a stroke and has had not given us all paperwork regarding our organization, which also included this matter.

Cordially,



Carlos R. Weissenberg
Nicaraguan- American Golf Association
13581 SW 112 Av
Miami, FL 33176