

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90062 017 \*\*\*\*70.00

**DOCUMENT # N95000001948**

1. Entity Name

**NICARAGUAN AMERICAN CHAMBER OF COMMERCE, INC.**

Principal Place of Business

**9450 SW 72 ST STE 207  
MIAMI FL 33173**

Mailing Address

**PO BOX 527723  
MIAMI FL 33152**

2. Principal Place of Business

**175 Fontainebleau Blvd.**

3. Mailing Address

**175 Fontainebleau Blvd.**

Suite, Apt. #, etc.

**1R-10**

Suite, Apt. #, etc.

**1R-10**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33172**

Country

**USA**

Zip

**33172**

Country

**USA**

4. FEI Number

**65-0581550**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PITCHARDS, EDUARDO  
12235 NW 7 TR  
MIAMI FL 33182**

7. Name and Address of New Registered Agent

Name **Ema Savany**

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

**15401 S.W. 47 Terr.**

City **Miami,**

**FL**

Zip Code **33185**

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

*Ema Savany (EMA SAVANY) treasurer 4-22-01*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, RENATO</b>	
STREET ADDRESS	<b>780 NW 42 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>GASTEAZORO, ALFREDO</b>	
STREET ADDRESS	<b>9600 NW 38 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, PETRONIO</b>	
STREET ADDRESS	<b>2720 CORAL WAY</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>PICARDO, EDUARDO</b>	
STREET ADDRESS	<b>3059 N.W. 107 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	<b>PICHARDO, EDUARDO</b>	
STREET ADDRESS	<b>12235 NW 7 TRAIL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gasteazoro, Alfredo</b>	
STREET ADDRESS	<b>9600 NW 38 Street</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gutierrez, Renaldy J.</b>	
STREET ADDRESS	<b>601 Brickell Key Dr., #501</b>	
CITY-ST-ZIP	<b>Miami, FL 33131</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lopez, Petronio</b>	
STREET ADDRESS	<b>2720 Coral Way</b>	
CITY-ST-ZIP	<b>Miami, FL 33145</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Savany, Ema</b>	
STREET ADDRESS	<b>15401 SW 47 Terr</b>	
CITY-ST-ZIP	<b>Miami, FL 33185</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Alvaro Tercero</b>	
STREET ADDRESS	<b>6417 SW 10 Street</b>	
CITY-ST-ZIP	<b>West Miami, FL 33144</b>	
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: *Alvaro Tercero* **US Secretary, VPD Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/01 (305) 789-8062**

Date

Daytime Phone #

CR2E037 (10/00)