

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 19 AM 8:00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                    |                                                                                                            |  |
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| <b>DOCUMENT # N95000001948</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                    |                           |  |
| 1. Entity Name<br><b>NICARAGUAN AMERICAN CHAMBER OF COMMERCE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                    |                                                                                                            |  |
| Principal Place of Business<br>175 FONTAINBLEAU BLVD<br>1R-10<br>MIAMI, FL 33172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                     | Mailing Address<br>175 FONTAINBLEAU BLVD<br>1R-10<br>MIAMI, FL 33172                                                                                                                                               |                                                                                                            |  |
| 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<br><b>65-0581550</b>                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                    | Applied For<br>Not Applicable                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                    | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>MAYORGA, ROGER A<br/>455 CORAL WAY<br/>MIAMI, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Ana Carolina Corrales</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2501 SW 89th Avenue</b><br>City <b>Miami</b> FL Zip Code <b>33165</b> |                                                                                                            |  |
| 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.<br><br>SIGNATURE <u>Ana Carolina Corrales</u> Executive Director <b>Ana Carolina Corrales</b> 12/10/03<br><small>(NOTE: Registered Agent signature required when resigning)</small> DATE                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                                     |                                                                                                                                                                                                                    |                                                                                                            |  |
| <b>FILE NOW / FEE IS \$61.25 Initial or Amended UBR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                    | <b>Make Check Payable to Florida Department of State</b>                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                              |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>GUTIERREZ, RENALDY J<br>601 BRICKELL KEY #201<br>MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | PD<br>Chamorro, Arturo<br>7180 SW 136 Street<br>Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>TERCERO, ALVARO<br>6417 SW 19 STREET<br>MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | VP/D<br>Marin, Maria Isabel<br>11825 SW 73 Ave.<br>Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                    |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>CHAMORRO, ARTURO<br>7180 SW 136 STREET<br>MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | VP/D<br>Torres, Francisco<br>8750 NW 36 St., #240<br>Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>NAVARRO, XAVIER<br>12651 S DIXIE HWY #305<br>MIAMI, FL 33166 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | 500025650135<br>12/19/03--01055--009 **70.00                                                                                                                                                                       |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>TORRES, FRANCISCO<br>8750 NW 36 STREET #240<br>MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | S/D<br>Albir, Carlos<br>6800 NW 36 Ave.<br>Miami, FL 33185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                            |                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                  |                                                                                                            |  |
| 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: <u>Arturo J. Chamorro</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                     | (305) 599-2737                                                                                                                                                                                                     |                                                                                                            |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   |                                                                                                                     | Date 12/12/03                                                                                                                                                                                                      |                                                                                                            |  |

CR2E037 (10/02)