## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Jan 26, 2001 8:00 am § Secretary of State DOCUMENT # N9800006080 1. Entity Name AMERICAN-NICARAGUAN SOCIETY FOR DEVELOPMENT, INC 01-26-2001 90154 008 \*\*\*\*61.25 Principal Place of Business Mailing Address 10300 SUNSET DRIVE 10300 SUNSET DRIVE 905245 470H 470H MIAMI FL 33173 MIAMI FL 33173 US US 2. Principal Place of Business 3. Mailing Address 0300 SUNSET DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 470 L City & State City & State 4. FEI Number Applied For 65-0886735 MIBHI FIORIDA ✓ Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not. 10300 SUNSET CASTILLO, JOSE J 10815 SW 146 PL MIAMI FL 33186 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 yped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be П FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition Delete TITLE CASTILLO, JOSE J NAME NAME STREET ADORESS 10815 SW 146 PL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOLINA, ARMANDO J NAME NAME STREET ADDRESS 14805 SW 97 TERR STREET ADDRESS CITY-ST-ZIP - 4 CITY-ST-ZIP. MIAMI FL 33196 ---SDTD ☐ Delete Change ☐ Addition PEREZ, MARIANO J NAME STREET ADDRESS STREET ADDRESS 9233 SW 166 CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.