

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000004323

1. Entity Name

THE NICARAGUAN ASSOCIATION, OF PALM BEACH COUNTY

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-16-2000 90075 001 ****66.25

Principal Place of Business
301 BROADWAY SUITE 300
RIVIERA BEACH FL 33404

Mailing Address
301 BROADWAY SUITE 300
RIVIERA BEACH FL 33404-7725

2. Principal Place of Business
839 MACINTOSH ST.
Suite, Apt. #, etc.

3. Mailing Address
839 MACINTOSH ST.
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FLA.

City & State
WEST PALM BEACH, FLA.

4. FEI Number
65-0945141

Applied For
Not Applicable

Zip
33405

Country
PALM BEACH

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

GIBBONS, ELSA
301 BROADWAY SUITE 300
RIVIERA BEACH FL 33404

Name
JUAN VASQUEZ
Street Address (P.O. Box Number is Not Acceptable)
411 VICLIFF RD.
City
WEST PALM BEACH FL Zip Code
33406

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BAEZ, SYLVIA 729 FRANCIS ST. WEST PALM BEACH FL 33405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POTOSME, MARIO J 5930 S. AVE RD. WEST PALM BEACH FL 33415-7154	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FREISER, HUMBERTO P.O. BOX 32073 WEST PALM BEACH FL 33420	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, GUILLERMO 839 MACINTOSH ST. WEST PALM BEACH FL 33405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUTIERREZ GUILLERMO 839 MACINTOSH WEST PALM BEACH, FLA. 33405	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VASQUEZ JUAN 4111 VICLIFF RD. WEST PALM BEACH, FLA. 33406	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORALES OSCAR 610 WINTER ST. AP.A WEST PALM BEACH, FLA. 33405	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAEZ ROGER 729 FRANCIS ST. WEST PALM BEACH, FLA. 33405	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAEZ SYLVIA 729 FRANCIS ST. WEST PALM BEACH, FLA. 33405	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/2000 540-3627

CR2E037 (9/99)