

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 06, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000004323**

1. Entity Name

THE NICARAGUAN ASSOCIATION, OF PALM BEACH COUNTY INC.

Principal Place of Business

Mailing Address

839 MACINTOSH ST

839 MACINTOSH ST

WEST PALM BEACH
33405

FL

WEST PALM BEACH
33405

FL

2. Principal Place of Business

4111 VICLIFF ROAD

3. Mailing Address

P.O. BOX 19955

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH

FL

City & State

WEST PALM BEACH

FL

4. FEI Number

65-0945141

Applied For

Not Applicable

Zip

33406

Country

Zip

33416

Country

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

VASQUEZ JUAN

411 VICLIFF RD

WEST PALM BEACH

33406

FL

Name

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

City

FL

Zip Code

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 **JUAN O VASQUEZ****08/06/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	FL	33405	33406	33405	33406	33405	33406	33405	33406
<input type="checkbox"/> Delete												
<input type="checkbox"/> Delete												
<input type="checkbox"/> Delete												
<input type="checkbox"/> Delete	D	BAEZ SYLVIA	729 FRANCIS ST	WEST PALM BEACH	FL	33405						
<input type="checkbox"/> Delete	D	GUTIERREZ GUILLERMO	839 MACINTOSH ST.	WEST PALM BEACH	FL	33405						
<input type="checkbox"/> Delete	DP	BAEZ SYLVIA	729 FRANCIS ST.	WEST PALM BEACH	FL	33405						
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	BAEZ SYLVIA	729 FRANCIS STREET	WEST PALM BEACH	FL	33406						
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VT	ZAMORA MARIO	56654 PRECILLA LANE	LAKE WORTH	FL	33463						
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T	BAEZ ROGER	729 FRANCIS STREET	WEST PALM BEACH	FL	33406						
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S	MORALES OSCAR	610 WINTER STREET	WEST PALM BEACH	FL	33405						
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP	BRAUTIGHAM FERNANDO	222 9TH STREET.	LAKE WORTH	FL	33463						
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P	VASQUEZ JUAN	4111 VICLIFF ROAD	WEST PALM BEACH	FL	33406						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Juan O Vasquez

Pres

08/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dialing Phone #

CR2E037 (11/00)