2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004323

FILED Aug 05, 2002 Secretary of State

Entity Name: THE NICARAGUAN ASSOCIATION, OF PALM BEACH COUNTY INC.

Current Principal Place of Business:				New Principal Place of Business:				
4111 VICLIFF ROAD WEST PALM BEACH, FL 33406								
Current Mailing Address:				New Mailing Address:				
P.O.B0X 19955 WEST PALM BEACH, FL 33416								
FEI Number: 65-0945141 FEI Number Applied For () FEI Number					nber Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
VASQUEZ, JUAN 411 VICLIFF RD WEST PALM BEACH, FL 33406				VASQUEZ, JUAN O 411 VICLIFF RD WEST PALM BEACH, FL 33406				
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				08/05/2002				
	Electroni	c Signature of Registered Ager	nt			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () VASQUEZ, JUAN 4111 VICLIFF R WEST PALM BE	OAD		Title: Name: Address: City-St-Zip:	()	Change () Ado	dition	
Title: Name: Address: City-St-Zip:	VP () BRAUTIGHAM, F 222 9TH STREE LAKE WORTH, I	т.		Title: Name: Address: City-St-Zip:	VP (X) LUCIA, MORALE 610 WINTER S LAKE WORTH,	STREET.	dition	
Title: Name: Address: City-St-Zip:	S () MORALES, OSC 610 WINTER ST WEST PALM BE	REET		Title: Name: Address: City-St-Zip:	S (X) ERIKA, BRISEN 3131 VILLAGE WEST PALM BE	BLV.		
Title: Name: Address: City-St-Zip:	VT () ZAMORA, MARIO 56654 PRECILL LAKE WORTH, I	A LANE		Title: Name: Address: City-St-Zip:	CARLOS, BAEZ 429 MALBERNI	E RD		
Title: Name: Address: City-St-Zip:	D () BAEZ, SYLVIA 729 FRANCIS S WEST PALM BE			Title: Name: Address: City-St-Zip:	()	Change () Add	dition	
Title: Name: Address: City-St-Zip:	BAEZ, ROGER 729 FRANCIS S	Delete TREET EACH, FL 33406		Title: Name: Address: City-St-Zip:	()	Change () Ado	dition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN O VASQUEZ P 08/05/2002