

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90064 036 \*\*\*150.00

**DOCUMENT # P01000012988**

**1. Entity Name**  
**UNIDAD PATRIOTICA NICARAGUENSE, CORP.**

**Principal Place of Business**

**215 S.W. 17TH AVENUE  
 SUITE 3117  
 MIAMI FL 33135**

**Mailing Address**

**215 S.W. 17TH AVENUE  
 SUITE 3117  
 MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**215 SW 17th AVENUE**

**3. Mailing Address**  
**215 SW 17th AVENUE**

**Suite, Apt., etc.**  
**Suite 317 "A"**

**Suite, Apt., etc.**  
**Suite 317 "A"**

**City & State**  
**MIAMI FL**

**City & State**  
**MIAMI FL**

**4. FEI Number** **65-1081730**

**Applied For**  
**Not Applicable**

**Zip** **33135** **Country** **U.S.A.**

**Zip** **33135** **Country** **U.S.A.**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

**6. Name and Address of Current Registered Agent**

**URCUYO, FRANCISCO M  
 3149 N.W. 18TH STREET  
 MIAMI FL 33125**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>URCUYO, FRANCISCO</b>	
<b>STREET ADDRESS</b>	<b>3149 N.W. 18TH STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33125</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MOLINA, ORLANDO J</b>	
<b>STREET ADDRESS</b>	<b>1190 E. 4TH AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>HIALEAH FL 33010</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MORAN, JULIO C</b>	
<b>STREET ADDRESS</b>	<b>321 S.W. 102ND AVE #204</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33172</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>NUNEZ, NESTOR</b>	
<b>STREET ADDRESS</b>	<b>6401 S.W. 23RD STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33155</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** ORLANDO J MOLINA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**305-649-6900**

Attachment  
# 779764  
PO100012988

**Keep This Preaddressed Peel-Off Label With the Partnership's Tax Records.** Give the label to the preparer of the partnership's return. It should be placed in the address area of Form 1065. Make any necessary corrections on the label.

LH 65-1081730 DEC2001 S29 LP  
UNIDAD PATRIOTICA NICARAGUENSE CORP  
URCUYO FRANCISCO M GEN PTR  
215 SW 17TH AVE STE 317  
MIAMI FL 33135-3690

I  
R  
S



Printed on recycled paper

Cat. No. 22431P