

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90396 040 ***150.00

0234068 AV

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**



2. Principal Place of Business
215 SW 17th AVENUE

3. Mailing Address
215 SW 17th AVENUE

Suite, Apt. #, etc.

317 A

Suite, Apt. #, etc.

317 A

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33135

Country

USA

Zip

33135

Country

USA

4. FEI Number

65-1081730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

SAKE

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-29-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **URCUYO, FRANCISCO**
STREET ADDRESS **3149 N.W. 18TH STREET**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MOLINA, ORLANDO J**
STREET ADDRESS **1190 E. 4TH AVENUE**
CITY-ST-ZIP **HALEAH FL 33010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MORAN, JULIO C**
STREET ADDRESS **321 S.W. 102ND AVE #204**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **NUNEZ, NESTOR**
STREET ADDRESS **6401 S.W. 23RD STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 OF FRANCISCO M. URCUYO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-03

Date

307-6496945

Daytime Phone #

CR2E034 (10/02)