

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90362 001 \*\*\*150.00  
 05-20-2002 90362 002 \*\*\*400.00

**DOCUMENT # P97000068710**

1. Entity Name  
**SURF NICARAGUA, INC.**

Principal Place of Business Mailing Address  
**4725 W. JACKSON PARK DR. 4725 W. JACKSON PARK DR.**  
**MILWAUKEE WI 53219 MILWAUKEE WI 53219**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3475415** Applied For  
 Not Applicable

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

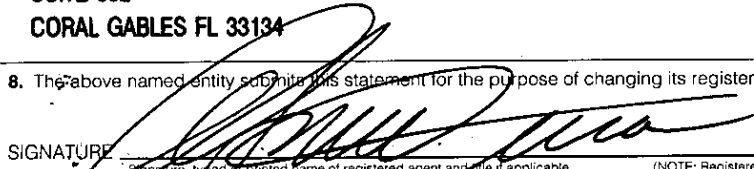
6. Name and Address of Current Registered Agent

**LAWYERS LEGAL SUPPORT SERVICES, INC.**  
**3737 SW 8TH STREET**  
**SUITE 302**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Lanvys Legal Support Service Inc.**  
 Street Address (P.O. Box Number is not acceptable) **3780 W. Flagler Street**  
**Miami, FL 33134**  
 City **FL** Zip Code **33134**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **4/15/02**

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete  
 NAME **YEMMA, JAMES J JR.**  
 STREET ADDRESS **4725 W. JACKSON PARK DRIVE**  
 CITY-ST-ZIP **MILWAUKEE WI 53219**

TITLE **PD** ☐ Delete  
 NAME **YEMMA, JAMES J III**  
 STREET ADDRESS **4725 W. JACKSON PARK DRIVE**  
 CITY-ST-ZIP **MILWAUKEE WI 53219**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/13/02**

**414-224-0701**

CR2E034 (9/01)