2002 UNIFORM BUSINESS REPORT (UBR)

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address, with all other like empowered.

May 27, 2002 8:00 am Secretary of State **DOCUMENT #** P99000091001 1. Entity Name 05-27-2002 90367 040 ***150 00 NICARAGUAN AMERICAN ENTERPRISES, INC. Mailing Address Principal Place of Business 3600 S. STATE ROAD 7 3600 S. STATE ROAD 7 **SUITE 339 SUITE 339** MIRAMAR FL 33023 MIRAMAR FL 33023 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State · City & State 65-0956661 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent, Name BENEDICT, STEVE Street Address (P.O. Box Number is Not Acceptable) 3600 S. STATE ROAD 7 **SUITE 339** Zip Code MIRAMAR FL 33023 City FL 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change PSTD TITLE ☐ Delete TITLE BENEDICT, STEVE NAME NAME 3600 S. STATE ROAD 7, SUITE 339 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete _ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE T/D/F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF sponed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information s

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