

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90689 034 ***158.75

UBR/041
AV

DOCUMENT # P01000065246



1. Entity Name
SIERRA TROPICAL PROPERTY SERVICES, INC.

Principal Place of Business
**7900 N.W. 1ST STREET
MARGATE FL 33063**

Mailing Address
**7900 N.W. 1ST STREET
MARGATE FL 33063**

2. Principal Place of Business
5710 SW. 195 TER.

3. Mailing Address
5710 SW. 195 TER.



CHECK HERE IF MAKING CHANGES

City & State
SOUTHWEST RANCHES. FL.

City & State
SOUTHWEST RANCHES. FL.

4. FEI Number **65-1117003** Applied For
Not Applicable

Zip **33332** Country **USA.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIERRA, ALVARO
7900 N.W. 1ST STREET
MARGATE FL 33063**

Name **SIERRA, ALVARO**
Street Address (P.O. Box Number Not Acceptable)
5710 SW. 195 TER.
SOUTHWEST RANCHES.
City **FL** Zip **33332**

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

3-11-03
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME **D SIERRA, ALVARO**
STREET ADDRESS **7900 N.W. 1ST STREET**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
NAME
STREET ADDRESS **5710 SW. 195 TER.**
CITY-ST-ZIP **SOUTHWEST RANCHES, FL. 33332**

TITLE Delete
NAME **D SIERRA, CLAUDIA**
STREET ADDRESS **7900 N.W. 1ST STREET**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
NAME
STREET ADDRESS **5710 SW. 195 TER.**
CITY-ST-ZIP **SOUTHWEST RANCHES, FL. 33332**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Delete
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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: **SIERRA, ALVARO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03
Date Daytime Phone #

CR2E034 (10/02)