

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000000678**1. Entity Name
SIERRA ART & FELLOWSHIP FUND, INC.Principal Place of Business
1560 MERIDIAN AVE
APT #110
MIAMI BEACH FL 33139
USMailing Address
PO BOX 398092
MIAMI BCH FL 332398092
US

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
65-0481258Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORSCH BROOK A
2157 SW 13TH AVE
MIAMI FL 33145 US

7. Name and Address of New Registered Agent

Name
SIERRA JAIRO ED
Street Address (P.O. Box Number is Not Acceptable)
1560 MERIDIAN AVE
APT.#110
City
MIAMI BEACH FL Zip Code
33139

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 **JAIRO E. SIERRA** 05/21/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIERRA ENRIQUE			NAME	SIERRA JAIRO ED		
STREET ADDRESS	1560 MERIDIAN AVE APT #110			STREET ADDRESS	1560 MERIDIAN AVE APT #110		
CITY-ST-ZIP	MIAMI BCH FL 33139			CITY-ST-ZIP	MIAMI BCH FL 33139		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERDIE VIRGINIA			NAME	ERDIE VIRGINIA TD		
STREET ADDRESS	2035 WASHINGTON AVENUE, #202			STREET ADDRESS	2035 WASHINGTON AVENUE, #202		
CITY-ST-ZIP	MIAMI BEACH FL 33139			CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYAT ZAFFAR			NAME	HAYAT ZAFFAR SD		
STREET ADDRESS	6855 SOUTH RED ROAD, SUITE 400			STREET ADDRESS	6855 SOUTH RED ROAD, SUITE 400		
CITY-ST-ZIP	CORAL GABLES FL			CITY-ST-ZIP	CORAL GABLES FL		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORSCH BROOK A			NAME	DORSCH BROOK APD		
STREET ADDRESS	2157 SW 13TH AVE			STREET ADDRESS	2157 SW 13TH AVE		
CITY-ST-ZIP	MIAMI FL 33145			CITY-ST-ZIP	MIAMI FL 33145		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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 617, 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: **JAIRO E. SIERRA** D 05/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)