

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016323

1. Entity Name

SIERRA DEL MAR, INC.

FILED

01 MAY -4 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3250 Mary St. Suite 307
Coconut Grove, Fl. 33133

2. Principal Place of Business

8221 Coral Way

3. Mailing Address

8221 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

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

STEVEN C. CRONING, ESQ.
c/o Steven Carlyle Croning & Assoc.
307 Continental Plaza
3250 Mary St.
Coconut Grove, Fl., 33133

Name INAKI SAIZARBITORIA, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1492 So. Miami Ave., Suite 203

City Miami

FL

Zip Code 33130

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

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CARLOS CATTANEO
STREET ADDRESS c/o 8221 Coral Way
CITY-ST-ZIP Miami, Fl., 33155

TITLE ☐ Change ☐ Addition
NAME 200004217802
STREET ADDRESS -05/15/01--01072--023
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Preparer Name

CR2E034 (11/00)