

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

2. Principal Place of Business

3. Mailing Address

8221 Coral Way 8221 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, Fl., Miami, Fl.,

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33155 U.S. 33155 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

*Inaki Saizarbitoria*

5/1/01

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

(NOTE: Registered Agent signature required when renaming)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!!**  
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	<input type="checkbox"/> Delete
NAME	CARLOS CATTANEO	
STREET ADDRESS	c/o 8221 Coral Way	
CITY-ST-ZIP	Miami, Fl., 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

2000042178  
-05/15/01--01072--023  
\*\*\*\*150.00 \*\*\*\*150.00

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:

*Carly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)