

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91371 038 ***150.00

0861941 FP

DOCUMENT # **P940000152891**



1. Entity Name
SIERRALTA SHOW BUSINESS, INC.

Principal Place of Business
**601 COLLINS AVE
MIAMI BCH FL 33139
US**

Mailing Address
**1413-20 ST
UNIT 606
MIAMI BCH FL 33139
US**



2. Principal Place of Business
3401 NE 165 ST

3. Mailing Address
The same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
north miami beach

City & State
FLORIDA

4. FEI Number **65-0483419**

Applied For
Not Applicable

Zip
33160

Country
EEUU

Zip
33160

Country
EEUU

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

**MIGUEL SIERRALTA
1413-20 ST UNIT 606
MIAMI BCH FL 33139**

Name **Annette Carolina Cristancho**
Street Address (P.O. Box Number is Not Acceptable)
3401 NE 165 ST
NM Beach FLORIDA
City **FL** Zip Code **33160**

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 **ANNETTE CAROLINA CRISTANCHO** **23-4-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **PST** ☐ Delete
NAME **SIERRALTA, MIGUEL**
STREET ADDRESS **1413-20 ST UNIT 606**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3401 NE 165 ST NM Beach**
CITY-ST-ZIP **FL 33160**

TITLE **V** ☐ Delete
NAME **ANNETTE CAROLINA CRISTANCHO**
STREET ADDRESS **1413-20 ST UNIT-606**
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3401 NE 165 ST NM Beach**
CITY-ST-ZIP **FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 all addresses, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

23-Abril 03

(305) 5868193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)