

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068109

1. Entity Name

SIERRALTA COMMUNICATIONS, INC.

Principal Place of Business

601 COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address

601 COLLINS AVE
MIAMI BEACH FL 33139

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

65-0860758

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRISTANCHO, ANNETTE C
1413 20 STREET
UNIT 608
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: DALDO ROMANO
Street Address (P.O. Box Number is Not Acceptable):
601 COLLINS AVE
MIAMI BEACH, FL 33139
City: USA 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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE: PD
NAME: SIERRALTA, MIGUEL A JR.
STREET ADDRESS: 1413 20 STREET UNIT 608
CITY-ST-ZIP: MIAMI BEACH FL 33139 ☐ Delete

TITLE: SD
NAME: ROMANO, DALDO
STREET ADDRESS: 9148 BYRON AVE.
CITY-ST-ZIP: MIAMI FL 33154 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

4/26/02 305-6042030
Date Daytime Phone #

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90212 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2EC34 (9/01)