

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90080 013 ***158.75

DOCUMENT # P97000041600
 1. Entity Name
CORNERSTONE SIESTA POINTE, INC.

Principal Place of Business 2121 PONCE DE LEON PENTHOUSE II CORAL GABLES FL 33134 US	Mailing Address 2121 PONCE DE LEON PENTHOUSE II CORAL GABLES FL 33134-5224 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0755645	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WOLFE, LEON J
35TH FLOOR, INTERNATIONAL PLACE
100 SOUTHEAST SECOND STREET
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, STUART I	NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 650	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JORGE	NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD SUITE 650	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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	
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	

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]* **02-28-00** **(305) 443 8288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #