

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0230031 AV

FILED

03 JAN 28 AM 9:17


SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CHECK HERE IF MAKING CHANGES

**DOCUMENT # P98000004666**

1. Entity Name  
**CORNERSTONE BRIDGEWATER PLACE, INC.**



Principal Place of Business  
**2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES FL 33134**

Mailing Address  
**2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number **65-0874834**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 3500-2900  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEYERS, STUART I</b>	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD., PH</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, JORGE</b>	
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD., PH</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100011139671</b>	
STREET ADDRESS	<b>01/28/03--01074--010</b>	
CITY-ST-ZIP	<b>**158.75</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE: *Stuart I Meyers* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)