

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P98000005371  
**1. Entity Name**  
 CORNERSTONE DORAL TERRACE, INC.

FILED

01 FEB -8 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 2121 Ponce de Leon Blvd.  
 Suits, Apt. #, etc. PH 2  
 City & State Coral Gables, FL  
 Zip 33134 Country USA

**Mailing Address**  
 SAME AS #2  
 Suits, Apt. #, etc.  
 City & State  
 Zip Country

**2. Principal Place of Business**  
 2121 Ponce de Leon Blvd.  
 Suits, Apt. #, etc. PH 2  
 City & State Coral Gables, FL  
 Zip 33134 Country USA

**3. Mailing Address**  
 SAME AS #2  
 Suits, Apt. #, etc.  
 City & State  
 Zip Country

**4. FS Number** 65-0826099  
**Applied Fee**  
 NOT APPLICABLE

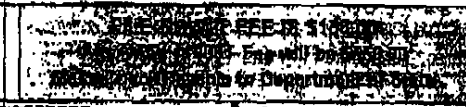
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 LEON J. WOLFE, ESQ.  
 c/o BERMAN WOLFE & RENNERT, P.A.  
 100 S.E. 2nd Street, Suite 3500  
 Miami, Florida 33131-2130

**7. Name and Address of New Registered Agent**  
 Name REGISTERED AGENTS OF FLORIDA, L.L.C.  
 Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Second Street  
 Suite 3500  
 City Miami FL Zip Code 33131-2130

**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 V.P. DATE 2/7/01  
Signature, typed or printed name of registered agent or the filer if applicable. (NOTE: Registered Agent signature required when necessary)

**9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.**   
 (See instructions on back)



**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

### 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
E/D	Stuart I. Meyers	2121 Ponce de Leon Blvd, PH2	Coral Gables, FL 33134	<input type="checkbox"/>
VP/D	Jorge Lopez	2121 Ponce de Leon Blvd., PH 2	Coral Gables, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(d), 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:**