

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 22, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000004867

1. Entity Name
 CORNERSTONE GROUP ASSOCIATES, INC.

Principal Place of Business 2121 PONCE DE LEON BLVD., PH 2 CORAL GABLES FL 33134	Mailing Address 2121 PONCE DE LEON BLVD., PH 2 CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1002187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOLFE LEON JESQ. NATIONSBANK TOWER AT INTERNATIONAL PLACE 100 SOUTHEAST SECOND STREET, SUITE 3500 MIAMI FL 331312130 US		7. Name and Address of New Registered Agent Name WOLFE LEON JESQ. Street Address (P.O. Box Number is Not Acceptable) BANK OF AM TOWER AT INTERNATIONAL PLACE 100 SOUTHEAST SECOND STREET, SUITE 3500 City MIAMI FL Zip Code 331312130	
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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 LEON J. WOLFE DATE 09/22/2000
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ JORGE			NAME			
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH 2			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYERS STUART I			NAME			
STREET ADDRESS	2121 PONCE DE LEON BLVD., PH 2			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.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		T.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		T.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: Jorge Lopez

VP 09/22/2000