

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058968

1. Entity Name
CORNERSTONE GROUP HOLDINGS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
2121 Ponce de Leon Blvd

3. Mailing Address
SAME AS #2

Suite, Apt. #, etc.
PH 2

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL

4. FEI Number

05-0968243

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

33134

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEON J. WOLFE, ESQ.
BERMAN WOPLFE & RENNERT, P.A.
100 Southeast Second Street, Suite 3500
Miami, FL 33131-2130

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

[Signature]
Signature, typed or printed name of Florida agent only (do not apply)

V. P.

(NOTE: Registered Agent signature required when reappointing)

[Signature]
DATE

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

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 P/S/D
NAME Stuart I. Meyers Delete
STREET ADDRESS 2121 Ponce de Leon Blvd., PH 2
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/T/D
NAME Jorge Lopez Delete
STREET ADDRESS 2121 Ponce de Leon Blvd., PH 2
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Change Addition
NAME 1000037681
STREET ADDRESS -02/26/01--01123--003
CITY-ST-ZIP *****908.75 *****908.75

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(9)(b), Florida Statutes. I further certify that the information included 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 an officer like empowered.

SIGNATURE:

[Signature]
Signature and typed or printed name of assigned officer or director

Date

1-26-01
Daytime Phone #

FILED

01 FEB -2 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-01