

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24530

1. Entity Name

CORNERSTONE CENTER, LTD.

Principal Place of Business
 1320 SOUTH DIXIE HIGHWAY
 SUITE 1061
 CORAL GABLES FL 33146

Mailing Address
 1320 SOUTH DIXIE HIGHWAY
 SUITE 1061
 CORAL GABLES FL 33146-2921

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAR 13 PM 7:35



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2800483**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARBISH, HOWARD J.
 1320 SOUTH DIXIE HIGHWAY
 SUITE 1061
 CORAL GABLES FL 33146

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) DATE _____

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **BERMAN, DAVID M.**
 STREET ADDRESS **1320 S DIXIE HWY #1061**
 CITY - ST - ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

800003180898--5

DOCUMENT #
 NAME **SWICKOW, BERNARD**
 STREET ADDRESS **1320 S DIXIE HWY #1061**
 CITY - ST - ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

~~03/22/00 01118 002~~
******526.25 ****526.25**

DOCUMENT #
 NAME **STAHL, HARVEY H.**
 STREET ADDRESS **1320 S DIXIE HWY #1061**
 CITY - ST - ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME **FARBISH, HOWARD J.**
 STREET ADDRESS **1320 S DIXIE HWY #1061**
 CITY - ST - ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME **MILLHAUSER, HOWARD P.**
 STREET ADDRESS **1320 S DIXIE HWY #1061**
 CITY - ST - ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/00
 Date

305-665-5303
 Daytime Phone #

HOWARD J. FARBISH

CR2E003 (9/99)