

2002 UNIFORM BUSINESS REPORT (UBR)

0010171 AT

DOCUMENT # **A24530**

FILED

1. Entity Name

CORNERSTONE CENTER, LTD.

02 MAR -6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM



| | |
|---|---|
| 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 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DUE BY MAY 1, 2002

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2800483 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 | |
|---|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | BERMAN, DAVID M. 1320 S DIXIE HWY #1061 CORAL GABLES FL |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | SWICKKOW, BERNARD 1320 S DIXIE HWY #1061 CORAL GABLES FL |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STAHL, HARVEY H. 1320 S DIXIE HWY #1061 CORAL GABLES FL |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | FARBISH, HOWARD J. 1320 S DIXIE HWY #1061 CORAL GABLES FL |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | MILLHAUSER, HOWARD P. 1320 S DIXIE HWY #1061 CORAL GABLES FL |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | 500005107175--6 -03/14/02--01027--018 ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/02
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)