

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000301**

1. Entity Name

CORNERSTONE LANTANA, LTD.

FILED

01 FEB - 9 AM 11:32

Principal Place of Business

**2121 PONCE DE LEON, PENTHOUSE II
CORAL GABLES FL 33134**

Mailing Address

**2121 PONCE DE LEON, PENTHOUSE II
CORAL GABLES FL 33134**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0508500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOLFE, LEON J
VALDES-FAULI, COBB, BISCHOFF & KRISS, P.A.
100 SE 2ND ST., 38TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Registered Agents of Florida, LLC
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # **P93000081647**
NAME **CORNERSTONE AFFORDABLE HOUSING, INC.**
STREET ADDRESS **2121 PONCE DE LEON BLVD., PENTHOUSE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

900003718829--0

STREET ADDRESS

CITY-ST-ZIP

-02/19/01--01121--007

******150.00 ****150.00**

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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

305

1/16/01

Date

305-443-9288

Daytime Phone #

CR2E003 (11/00)

0004218 AF