

2001 UNIFORM BUSINESS REPORT (UBR)

0004390 AF

DOCUMENT # **A94000001618**

1. Entity Name

CORNERSTONE RIVER OAKS, LTD.

Principal Place of Business

C/O CORNERSTONE AFFORDABLE HOUSING, INC.
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address

C/O CORNERSTONE AFFORDABLE HOUSING, INC.
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134

FILED
01 MAR 19 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

65-0604190

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

WOLFE, LEON J ESQ.
C/O BERMAN, WOLFE & RENNERT, P.A.
100 SOUTHEAST SECOND STREET, 38TH FLOOR
MIAMI FL 33131-2130

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

1/17/01 (305) 4438288
Date Daytime Phone # EXT 242

CR2E003 (11/00)