

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A97000002039

1. Entity Name

VILLA ESPERANZA ASSOCIATES, LTD.

02 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address
C/O THE CORNERSTONE GROUP
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES 33134



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number 65-0793762

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

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET
SUITE 3500
MIAMI FL 33131-2130

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

DATE

9. Capital Contributions as Shown on record. \$4,457,010.00

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 # P97000081418
NAME CORNERSTONE VILLA ESPERANZA, INC.
STREET ADDRESS 2121 PONCE DE LEON BLVD., #650
CITY-ST-ZIP CORAL GABLES FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P98000035956
NAME VILLA ESPERANZA APARTMENTS, INC.
STREET ADDRESS 490 OPA LOCKA BLVD., SUITE 20
CITY-ST-ZIP OPA LOCKA FL 33054

STREET ADDRESS

CITY-ST-ZIP

400005556374--2

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***535.00 ***535.00

DOCUMENT #
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STREET ADDRESS
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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

Date

Daytime Phone #

CR2E003 (9/01)

0001429 AV