2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 18 PM 1:51

DOCUMENT # A98000002632

A98000002632

1. Entity Name
San Marino Associates, Ltd.

Principal Place of Business / Mailing Address
2121 Ponce de Leon Blvd.
Penthouse 2
Coral Gables, FL 33134

4/16/99

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1020450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Leon J. Wolfe, Esq.
Berman Wolfe Rennert, et al.
100 S.E. Second Street , #3500
Miami, FL 33131

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date. [redacted]

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. PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000099594	STREET ADDRESS	
NAME	CORNERSTONE SAN MARINO, INC.	CITY-ST-ZIP	
STREET ADDRESS	2121 PONCE DE LEON BLVD, PH2		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	400003369954--3
NAME			-08/23/00--01086--022
STREET ADDRESS			******8.75 ******8.75
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	400003369954--3
NAME			-08/23/00--01086--023
STREET ADDRESS		CITY-ST-ZIP	***1282.50 ***1282.50
CITY-ST-ZIP			
DOCUMENT #	PENALTY - 1,000.00	STREET ADDRESS	
NAME	AR - 105.00	CITY-ST-ZIP	
STREET ADDRESS	ARSUPP 177.50		
CITY-ST-ZIP	CUS 8.75		
DOCUMENT #	$1291.25	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

1999-2000 STATEMENT

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA GENERAL PARTNER Date Daytime Phone #