

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90060 014 \*\*\*\*50.00

**DOCUMENT # L02000018722**

1. Entity Name

CORNERSTONE UNITED INVESTMENTS, LLC



Principal Place of Business

7520 NW 79TH AVENUE  
R4  
TAMARAC FL 33327  
US

Mailing Address

7520 NW 79TH AVENUE  
R4  
TAMARAC FL 33327  
US

**35054622**

2. Principal Place of Business

7520 NW 79 Ave  
R4  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Tamarac FL  
Zip 33321 Country USA

City & State

Zip Country

4. FEI Number

16-1622715

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PURKISS-ANDERSON, KIM A  
7520 NW 79TH AVENUE  
R4  
TAMARAC FL 33327

7. Name and Address of New Registered Agent

Name ~~PURKISS-ANDERSON, KIM A~~ Anderson  
Street Address (P.O. Box Number is Not Acceptable)  
Same  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURKISS-ANDERSON, KIM A 7520 NW 79TH AVENUE, R4 MIAMI FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, PETER D 7520 NW 79TH AVENUE, R4 MIAMI FL 33327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

KIM ANDERSON

5/15/03

Date

(305)612-4374

Daytime Phone #

CP02083 (10/02)