

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000000022

1. Entity Name  
CORNERSTONE LOGAN'S POINTE, L.L.C.

**FILED**

01 JAN 22 PM 3:34

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2121 PONCE DE LEON BOULEVARD, PENTHOUSE 2  
CORAL GABLES FL 33134

Mailing Address  
2121 PONCE DE LEON BOULEVARD, PENTHOUSE 2  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0883651

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 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 SE SECOND ST., STE 3500  
MIAMI FL 33131

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

V.P.

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MEYERS, STUART I  
2121 PONCE DE LEON BLVD, PENTHOUSE TWO  
CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003576269-0  
-01/26/01--01044--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LOPEZ, JORGE  
2121 PONCE DE LEON BLVD, PENTHOUSE TWO  
CORAL GABLES FL 33134

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (11/00)