

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L99000004827**

1. Entity Name

**CORNERSTONE LOGAN'S POINTE II, L.L.C.**

**FILED**

**01 JAN 22 AM 8:35**

Principal Place of Business

**2121 PONCE DE LEON BLVD. PENTHOUSE TWO  
CORAL GABLES FL 33134**

Mailing Address

**2121 PONCE DE LEON BLVD. PENTHOUSE TWO  
CORAL GABLES FL 33134**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0949872**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KLEIN, SHAMIRA ESQ.  
C/O BERMAN WOLFE & RENNERT, P.A.  
3500 NATIONSBANK TOWER, 100 S.E. SECOND ST  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

**1/18/01**

DATE

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

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 REQUIRED**

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

Date

Daytime Phone #

**1/17/01**

**(305) 443 8288**

**X 242**

81

CR2E083 (11/00)