

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90053 029 \*\*\*158.75

DOCUMENT #

M 43932

1. Entity Name

CORNERSTONE INTERNATIONAL CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5030 CHAMPION BLVD

3. Mailing Address

#6-111

SOME

Suite, Apt. #, etc.

#6-111

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

Zip

33496

Country

U.S.

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HERBERT JACOBS

Street Address (P.O. Box Number is Not Acceptable)

2380 N.W. 53 ST.

City

BOCA RATON

FL

Zip Code

33496

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, type or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
HERBERT JACOBS  
2380 N.W. 53 ST  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY  
MARJORIE JACOBS  
2380 N.W. 53 ST  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRB.

Date

Daytime Phone #

CR2E034B (12/02)