

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M 43932 109**

1. Entity Name

CORNER STONE INTERNATIONAL CORP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -1 AM 9:26

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5030 CHAMPION BLVD. # G6-111

3. Mailing Address

Suite, Apt. #, etc.

G6-111

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

4. FEI Number

59-2752665

Applied For

Not Applicable

Zip

33496

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☒

\$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 NW 53 ST

City

BOCA RATON

FL

Zip Code

33496

**DO NOT WRITE
IN THIS SPACE**

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

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 NW 53 ST BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900155097159 05/01/09--01044--006 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. MARJORIE JACOBS 2380 NW 53 ST. BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

4-27-09

Date

Daytime Phone #

CR2E034B (12/02)