

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

DOCUMENT # P02000122628

1. Entity Name

CORNERSTONE CREDIT & FINANCIAL
SERVICES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7300 CORPORATE CENTER DR

Suite, Apt. #, etc.

SUITE 715

City & State

MIAMI FLORIDA

Zip

33126

Country

3. Mailing Address

7300 CORPORATE CENTER DR

Suite, Apt. #, etc.

SUITE 715

City & State

MIAMI FLORIDA

Zip

33126

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3665403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DAVID ENCARNACION

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

7300 NW 19th ST # 715

City

MIAMI

FL

Zip Code

33

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/20/03

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD DANIEL E. CUESTA
NAME
STREET ADDRESS 7300 NW 19th ST # 715
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS 500024375285
CITY-ST-ZIP 11/03/03--01032--009 **150.00

TITLE VSO DAVID ENCARNACION
NAME
STREET ADDRESS 7300 NW 19th ST # 715
CITY-ST-ZIP MIAMI FL 33126

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03 305-610-2541

CR2E034R (12/01)

October 20, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: Cornestone Credit & Financial Services, Inc.
Document Number: P02000122628

Dear Sirs:

This letter is in regarding the annual report of the above mention company.

I am respectfully requesting the abatement of the reinstatement fees, since the corporation moved and the correspondence was never received. The previous address is:

6595 NW 36th Street Suite 302
Miami Fl 33166

The new address is:

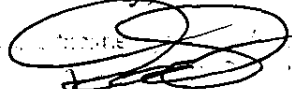
7300 Corporate Center Drive Suite 715
Miami Florida 33126

Please review the above circumstance and abate the penalty. I will make the payment on time from now on and notify you of any change shall that might occur:

Enclosed are an original Uniform Business Report for 2003 and checks payable to the Department of State of \$ 150.00

Thanks for your prompt attention to this matter.

Cordially,



Daniel E. Cuesta
President