

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064006

1. Entity Name

CORNERSTONE AND ASSOCIATES, INC.

Principal Place of Business

2632 HOLLYWOOD BLVD
STE 300
HOLLYWOOD FL 33020
US

Mailing Address

1312 MANGO ISLE
FT. LAUDERDALE FL 33315-1334

2. Principal Place of Business

4044 NE 7TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

Zip

33334

Country

USA

Zip

Country

4. FEI Number

65-0603136

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOGLE, JUDY D
1312 MANGO ISLE
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 P
NAME FOGLE, JUDY D.
STREET ADDRESS 1312 MANGO ISLE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME JOSEPH M. ROTOLLO
STREET ADDRESS 1312 MANGO ISLE
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, 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 #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90100 001 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)