

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000042887**

1. Entity Name

**CORNERSTONE SPE, INC.**

Principal Place of Business

2121 Ponce deLeon Blvd.

Suite 650

Coral Gables, FL 33134

Mailing Address

2121 Ponce deLeon Blvd.

Suite 650

Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Penthouse II

Suite, Apt. #, etc.

Penthouse II

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0456149

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Leon J. Wolfe

400 S.E. 2<sup>nd</sup> Street

Miami, FL 33134

Name

Registered Agents of Florida, LLC

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

100 S.E. Second Street

Suite 3500

City  
Miami

FL

Zip  
33131

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.

Leon J. Wolfe

4/30/01

(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, 2001 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

12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

D

☐ Delete

Stuart Meyers

2121 Ponce deLeon Blvd., Suite 650

Coral Gables, FL 33134

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

D

☐ Delete

Jorge Lopez

2121 Ponce deLeon Blvd., Suite 650

Coral Gables, FL 33134

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

Penthouse II

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

Penthouse II

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

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

4/30/01

Date

Daytime Phone #

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90032 034 \*\*\*158.75

**659618**

DO NOT WRITE IN THIS SPACE