

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081418

1. Entity Name
CORNERSTONE VILLA ESPERANZA, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90080 018 ***158.75

Principal Place of Business 2121 PONCE DE LEON BLVD PENTHOUSE II CORAL GABLES FL 33134 US	Mailing Address 2121 PONCE DE LEON BLVD PENTHOUSE II CORAL GABLES FL 33134-5224 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0788914	APPLIED FOR	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT, P.A.
100 SE SECOND STREET 35TH FLOOR
MIAMI FL 33131-2130**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	MEYERS, STUART I
STREET ADDRESS	2121 PONCE DE LEON BLVD #650
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	LOPEZ, JORGE
STREET ADDRESS	2121 PONCE DE LEON BLVD #650
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **04-28-00** DAYTIME PHONE #: **(305) 443 8288**

CR2E034 (9/99)