2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000095221 Jun 08, 2000 8:00 am Secretary of State CORNERSTONE RESIDENTIAL INVESTMENT, INC. 06-08-2000 90004 019 \*\*\*155.00 Principal Place of Business 5.722 S. FLAMINGO RO. #280 COOPER CITY FL, 33330-3206 **noo59678** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 0793968 City & State Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEITH C. ZUKOSKI JR 2800 S. EDGEHILL LN Street Address (P.O. Box Number is Not Acceptable) COOPER CITY FC, 33026 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT KEITH C.ZUKOSK: JR. 2800 S. BOGEHILL LW. ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS UICE-PRESIDENT CITY-ST-ZIP CITY-ST-ZIP MARIA SONIA ZUKOSKI 2800 S.EDGEHILL LN. ☐ Addition ☐ Change TITLE DDF NAME NAME STREET ADDRESS STREET ADDRESS COOPERCITY, FL. 33026 CITY-ST-ZIP CITY-ST-ZIP SECRETARY MARIA SONIA ZUKOSK; 2800 S. EDEEHILL LN. Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS COOPERCITY, FL. 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 OF PRIMTED NAME OF SIGNING OFFICER OF