

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000002122**

1. Entity Name

~~PINNACLE CAPITAL GROUP, L.C.~~

UNION ATLANTIC CAPITAL, L.C. (AMENDMENT FILED 2/11/00)

Principal Place of Business

1401 BRICKELL AVENUE, SUITE 660  
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVENUE, SUITE 660  
MIAMI FL 33131-3503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*MAJWA*

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0870867

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABRERA, MARC  
C/O PINNACLE ADVISORY GROUP  
1401 BRICKELL AVE., STE 660  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
**STEVE JACOBS**  
Street Address (P.O. Box Number is Not Acceptable)  
**UNION ATLANTIC CAPITAL, L.C., L.C.**  
**1401 BRICKELL AVE., SUITE 660**  
City **MIAMI** FL Zip Code **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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	MGR CABRERA, MARC ALEXANDER 1401 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JACOBS, STEVE 1401 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	900003243513 -05/11/00--0126--003 *****50.00- *****50.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*4/24/00*      305 702 7027

CR2E083 (9/99)