2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101158 May 15, 2000 8:00 am Secretary of State PINNACLE HOUSING GROUP, INC. 03-20-2000 90052 020 ***150.00 Principal Place of Business Mailing Address 2665 SOUTH BAYSHORE DR. SUITE 202 2665 SOUTH BAYSHORE DR. SUITE 202 COCONUT GROVE FL 33133-5402 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State Not Applicable Zipi Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOHL, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DR, SUITE 202 COCONUT GROVE FL 33133 City Zip Code 8. The above named entity submits this statement for the purchase of changing its registered office or registered agent, or both, in the State of Florida. lichael Woul SIGNATURE. inted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition President Michael Dwohl TIDE TITLE ☐ Delete NAME NAME 9400 s. Dudelard Blud Hoo STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33156 CITY-ST-ZIP Addition Chairman TITLE TITLE Delete Lowis Wolfson MARIE 91400 S. PAdekard Blud, #100 STREET ADDRESS STREET ADDRESS JIONII, FL 33156 CITY-ST-ZIP CITY-ST-ZIP Executive Vice President ☐ Change Addition Delete TITE TITLE David Dowlan NAME GUOD SDAdeby Blid, #100 STREET ADDRESS STREET ADDRESS City-SI-7IP CITY-ST-ZIP HIGHI, FC 33156 Addition Change Senior Vice President Delete TITLE TITLE Mitchell Fiziedman NAME NAME 9400 S. Dadekard Blvd, #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MICHILL FC 33156 ☐ Addition ☐ Change ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CATY-ST-ZIF Addition ☐ Change TITLE ☐ Deleie TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Prome #