

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90163 046 \*\*\*150.00

**DOCUMENT # P95000067477**

1. Entity Name

**PINNACLE INVESTMENT PROPERTIES, INC.**



Principal Place of Business

**24 DOCKSIDE LN**

**PMB 485**

**KEY LARGO FL 33037**

**US**

Mailing Address

**24 DOCKSIDE LN**

**PMB 485**

**KEY LARGO FL 33037**

**US**

2. Principal Place of Business

**10720 Caribbean Blvd**

**Suite 425**

**Miami FL**

**33189**

**USA**

3. Mailing Address

**10720 Caribbean Blvd**

**Suite 425**

**Miami FL**

**33189**

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0607166**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM SPORT**

**24 DOCKSIDE LN PMB 485**

**KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name

**William Sport**

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

**10720 Caribbean Blvd**

**Suite 425**

City

**Miami**

**FL**

Zip Code

**33189**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-17-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete

NAME **SPORT, WILLIAM A**

STREET ADDRESS **240 DOCKSIDE LANE PMB 485**

CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **SD** ☐ Delete

NAME **GENTILE, ANDREA**

STREET ADDRESS **28 B MARLIN LANE**

CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **VD** ☐ Delete

NAME **SPORT, BRENDA**

STREET ADDRESS **24 DOCKSIDE LANE PMB 485**

CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**10720 Caribbean Blvd Suite 425**  
**Miami, FL 33189**

**10720 Caribbean Blvd Suite 425**  
**Miami FL 33189**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-03**

**305 2352881**

Date

Daytime Phone #

CR2E034 (10/02)