

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30269**

1. Entity Name

PINNACLE SOLUTIONS, LTD.

Principal Place of Business

Mailing Address

**8405 N.W. 53RD STREET
B-240
MIAMI FL 33166**

**8405 N.W. 53RD STREET
B-240
MIAMI FL 33166**

2. Principal Place of Business

6043 NW 167 Street

3. Mailing Address

6043 NW 167 Street

Suite, Apt. #, etc.

Suite #A-10

Suite, Apt. #, etc.

Suite #A-10

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

DUE BY MAY 1, 2002

4. FEI Number

65-0203498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORROW, PAUL

7761 N.W. 187TH TERRACE

MIAMI FL 33015

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

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

DATE

9. Capital Contributions
as Shown on record.

\$80,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L65497**
NAME **TERRANOVA SYSTEMS, INC.**
STREET ADDRESS **7761 N.W. 187TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

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**04/10/02--01016--004
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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Paul R. Morrow**

04/04/02

305-822-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0010548 AT

APPROVED
AND
FILED

02 APR -8 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE