

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

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

7. Name and Address of New Registered Agent

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

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

TITLE NAME MGR
CABRERA, MARC ALEXANDER ☒ Delete
STREET ADDRESS 1401 BRICKELL AVENUE, SUITE 660
CITY- ST- ZIP MIAMI FL 33131

TITLE NAME JACOBS, STEVE ☐ Change ☒ Addition
STREET ADDRESS 1401 BRICKELL AVENUE, SUITE 660
CITY- ST- ZIP MIAMI FL 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900003249513
CITY- ST- ZIP -05/11/00--01126--003
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)