

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90166 003 ***150.00

0266812 AV

DOCUMENT # P00000070871

1. Entity Name

PINNACLE SOLUTIONS, INC.

Principal Place of Business

**8405 NW. 53RD STREET
 SUITE #B-240
 MIAMI FL 33166**

Mailing Address

**8405 NW. 53RD STREET
 SUITE #B-240
 MIAMI FL 33166**

2. Principal Place of Business

6043 NW 167 Street

Suite, Apt. #, etc.
Suite #A-10

3. Mailing Address

6043 NW 167 Street

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.

4. FEI Number

65-1028279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MARK A

5001 S. UNIVERSITY DRIVE

SUITE #A

DAVIE FL 33328

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D MORROW, PAUL
8405 NW. 53RD STREET SUITE #B-240
MIAMI FL 33166

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Paul R. Morrow **Paul R. Morrow**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/02

Date

305-822-5353

Daytime Phone #

CR2E034 (9/01)