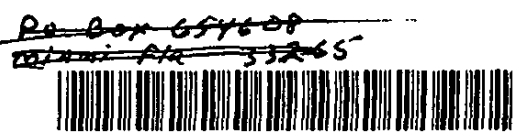


**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90151 032 \*\*\*150.00

<b>DOCUMENT # P00000110021</b>			
1. Entity Name <b>PINNACLE AMERICA HOLDINGS, INC.</b>			
Principal Place of Business <b>% RICHMAN GREER WEIL BRUMBAUGH MIRABITO 201 S. BISCAYNE BOULEVARD 10TH FLOOR MIAMI FL 33131</b>		Mailing Address <b>% RICHMAN GREER WEIL BRUMBAUGH MIRABITO 201 S. BISCAYNE BOULEVARD 10TH FLOOR MIAMI FL 33131</b>	
2. Principal Place of Business		3. Mailing Address <b>Po Box 654608</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>MIAMI</b>	
City & State		City & State <b>FLA</b>	
Zip	Country	Zip	Country
		<b>33265</b>	<b>DADE</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GARCIA-LINARES, MANUEL A ESQ. 201 S. BISCAYNE BOULEVARD MIAMI CENTER, 10TH FLOOR MIAMI FL 33131</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P</b> <b>MILLOR, MANUEL J</b> <b>151 PALOMA DRIVE</b> <b>CORAL GABLES FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Chris Schwick</b> <b>P. O. Box 654608</b> <b>Miami, FL 33265</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Norman Shuker</b> <b>P. O. Box 654608</b> <b>Miami, FL 33265</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Tony Dryer</b> <b>P. O. Box 654608</b> <b>Miami, FL 33265</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____		Date: <b>3/15/2002</b> Daytime Phone #: <b>588-8788</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



DO NOT WRITE IN THIS SPACE

CFR2E034 (9/01)