

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000073520

1. Entity Name
PINNACLE-MAGNETS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90200 047 ***150.00

Principal Place of Business
**2830 NORTH FORSYTH ROAD
SUITE 458
WINTER PARK FL 32792
US**

Mailing Address
**2830 NORTH FORSYTH ROAD
SUITE 458
WINTER PARK FL 32733-0637
US**

LUUJUUJ04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State **SA**

3. Mailing Address
P.O. Box 637
Suite, Apt. #, etc.
City & State **GOLDENROD, FL**

4. FEI Number **59-3275171** Applied For
Not Applicable

Zip **32733** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAVIES, ROSEMARY
2830 NORTH FORSYTH ROAD
SUITE 458
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent
Name **ZAHID HUSSAIN**
Street Address (P.O. Box Number is Not Acceptable)
City **SA** 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 **ZAHID HUSSAIN** DATE **02/08/00**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD DAVIES, ROSEMARY 2830 N FORSYTH RD #458 WINTER PARK FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ZAHID HUSSAIN P.O. Box 637 GOLDENROD, FL 32733 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- EHSAN-VL-HAQ P.O. Box 637 GOLDENROD, FL 32733 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 the empowered.

SIGNATURE: **ZAHID HUSSAIN** DATE **02/08/00** DAYTIME PHONE # **407-312-1134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)