

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 98000040516

1. Entity Name

Pinnacle Partners, Inc. 702060021547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 BRICKELL AVE.

3. Mailing Address

444 BRICKELL AVE.

Suite, Apt. #, etc.

51-121

Suite, Apt. #, etc.

51-121

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33131-2403

Zip

Country

33131-2403

FILED

02 AUG 15 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-026000

4. FEI Number

65-0832312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUIS CABRERA

Street Address (P.O. Box Number is Not Acceptable)

3572 N. STIRKUP DRIVE

City

BEVERLY HILLS

FL

Zip Code

34465

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

Louis Cabrera

LOUIS CABRERA

7-11-2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PDST
NAME MARC ALEXANDER CABRERA
STREET ADDRESS 444 BRICKELL AVE. #51-121
CITY-ST-ZIP MIAMI, FL 33131-2403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200007634492--6
-09/10/02--01045--012
****450.00 ****450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-2002 877-445-0051

Date

Daytime Phone #

May 15, 2002

Divisions of Corporations
P. O. BOX 6327
Tallahassee, Florida 32314

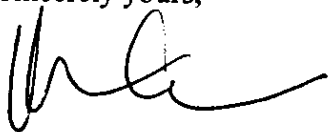
SUBJECT: PINNACLE PARTNERS, INC.
Ref. Number: P98000040516

In reference to your letter of May 7, 2002 Pinnacle Partners, Inc. never received the form Uniform Business Report (UBR).

Pinnacle Partners, Inc. respectfully request reinstatement of this corporation.

As instructed by your office, the company has enclosed a check for \$ 450.00 and the May 7, 2002 letter.

Sincerely yours,



Marc A. Cabrera
President

COPY