

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90113 001 *1,650.00

DOCUMENT # P99000053839

1. Entity Name

PINNACLE ENTERPRISES GROUP, INC.

Principal Place of Business

**1265 NW 22ND STREET
 MIAMI FL 33142**

Mailing Address

**1265 NW 22ND STREET
 MIAMI FL 33142**

- 99469



2. Principal Place of Business

1335 NW 21 TERRACE

3. Mailing Address

1200 NE MIAMI GARDENS DRIVE

Suite, Apt. #, etc.

BAY 9/10

Suite, Apt. #, etc.

1015 WEST

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

NORTH MIAMI BEACH

4. FEI Number

65-0927025

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARTHUR, ROBERT A
 1265 NW 22ND STREET
 MIAMI FL 33142**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **ARTHUR, ROBERT A**
 STREET ADDRESS **1265 NW 22ND STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **ROBERT A. ARTHUR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.10.2002 (305) 334-2690

Date

Daytime Phone #

CR2002/14/02