## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000073142 May 24, 2000 8:00 am Secretary of State PINNACLE PACKAGING CORPORATION 05-24-2000 90050 030 \*\*\*150.00 Principal Place of Business Mailing Address 20899 AVENEL RUN 20899 AVENEL RUN **BOCA RATON FL 33428** BOCA RATON FL 33428-1221 NW 22NTELLACE Principal Place of Business 3. Mailing Address #100F N.W. ZZML TELLALE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #100F Applied For City & State 65-0951671 BIACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, JOHN 5637 PACIFIC BLVD **SUITE 2904** UITE #100 F **BOCA RATON FL 33433** changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Defete MENNETH RICHARDSON 16711 COLLINS AVE #1208 NAME STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE AUDREY RICHAMDSON 16711 COLLINS AVE #1208 NAME NAME STREET ADDRESS STREET ADDRESS MIAMI BEACH FL-33160 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his 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 keepmpowered. changed, or on an attachment with a ENNETA LICHARDOSON 4/28/00 SIGNATURE: