2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V72710** Apr 07, 2000 8:00 am Secretary of State PINNACLE CONSTRUCTION OF FORT LAUDERDALE, INC. 04-07-2000 90029 023 ***158.75 Principal Place of Business Mailing Address 3706 N. OCEAN BLVD. 2715 E OAKLAN PARK BLVD SUITE 100 SUITE 460 FT. LAUDERDALE FL 33308-6451 FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0376370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LESOUSKY, JOHN Street Address (P.O. Box Number is Not Acceptable) 3706 N. OCEAN BLVD. SUITE 460 FT LAUDERDALE FL 33308 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE LESOUSKY. MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL [] Change Addition ☐ Delete TITLE NAME LESOUSKY, JOHN NAME STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL De ete TITLE ☐ Change Addition TITLE LESOUSKY, JOHN NAME NAME STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change Addition ☐ Delete 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-ZIE Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

4-3.2000

(954) 791-1699

Daytime Phone #