2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State
09-08-2002 90125 009 ****55.00

DOCUMENT # L01000014796

1. Entity Name
PLATINUM INTERNATIONAL, L.L.C.

978442

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3741 SUNNY ISLES BLVD.. STE. 160 NORTH MIAMI BEACH FL 33160	3741 SUNNY ISLES BLVD.. STE. 160 NORTH MIAMI BEACH FL 33160

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1148600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, GUSTAVO
3741 SUNNY ISLES BLVD., STE. 160
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name THE W SERVICE INC

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

9500 N.W. 77 AVE STE 15

City HIALEAH GARDENS FL **FL** Zip Code 33016

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 _____ ACCOUNTANT. _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
~~Make Check Payable to Department of State~~
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CRUZ, GUSTAVO 3741 SUNNY ISLES BLVD., STE. 160 NORTH MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIOVANNI MAINARDI 8201 N.W. 81 ST STE 314 MIAMI FL. 33126-3920	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mainardi Giovanni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #