

04-28-2002 90782 042 \*\*\*158.75

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

DOCUMENT # **PA1600000 7571001**  
 1. Entity Name  
**ADULT PLATINUM SERVICES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1200 S. ALHAMBRA CIR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CORAL GABLES, FL**

City & State  
 City & State

4. FEI Number  
**65-0790066**  
 Applied For  
 Not Applicable

Zip  
**33146**  
 Country  
**U.S.A.**

Zip  
 Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name **JACK MARTIN COE, ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**370 MINORCA AVE, STE. 6**  
 City **CORAL GABLES FL** Zip Code **33134**

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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)   
 January 1 - May 15 Fee is \$150.00  
 After May 15, Fee is \$550.00  
 Amended UBRs \$61.25  
 Make Check Payable to: Department of State

11. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT/TREASURER<br/>CONCEPCION T. ARETOS<br/>374 NE. 70 RD ST<br/>MIAMI SHORES, FL 33138</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE PRESIDENT/SECRETARY<br/>JOSEFINA R. RAMIREZ<br/>1200 S. ALHAMBRA CIR.<br/>CORAL GABLES, FL 33146</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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 or other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOSEFINA R. RAMIREZ 04/15/02 305666.1264**  
 Date Daytime Phone #

CR2E034B (12/01)