

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

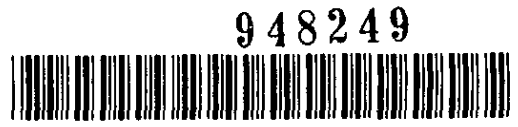
04-27-2000 90057 002 \*\*\*150.00

**DOCUMENT # K55185**

1. Entity Name  
**PURE PLATINUM, INC.**

Principal Place of Business ROSE BLVD. B ORLANDO FL 32839	Mailing Address 1308 ROSE BLVD. STE B ORLANDO FL 32839-3385 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>2301 Delmar Place</b> Suite, Apt. #, etc. City & State <b>Ft. Lauderdale, FL</b> Zip <b>33301</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2925459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**JAEGER, JORGE**  
**217 E. IVANHOE BLVD., N.**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent  
 Name **Richard M. Goldstein, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2500 First Union Financial Center**  
**200 S. DISCOYNE BLVD. STE. 2500**  
 City **miami** FL Zip Code **33131**

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.  
 by: **Richard M. Goldstein, President**  
 SIGNATURE DATE **3/24/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETER, MICHAEL J.</b> <b>1308 ROSE BLVD STE B</b> <b>ORLANDO FL 32839</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2301 Delmar Place</b> <b>Ft. Lauderdale, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOLES, LAIRD M</b> <b>1308 ROSE BLVD STE B</b> <b>ORLANDO FL 32839</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **3/6/00** DAYTIME PHONE # **407-493-8265**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)