2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000006517

1. Entity Name
PLATFORMS TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
4090 HODGES BLVD APT 204 JACKSONVILLE FL 32224	4090 HODGES BLVD APT 204 JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7035 PHILLIPS HIGHWAY		7035 PHILLIPS HIGHWAY	
Suite, Apt. #, etc.: 5-110		Suite, Apt. #, etc.: 5-110	
City & State: JACKSONVILLE FL		City & State: JACKSONVILLE FL	
Zip: 32216	Country:	Zip: 32216	Country:

4. FEI Number: 59-3650369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MABUSI SERGE B
4090 HODGES BLVD
APT 204
JACKSONVILLE FL
32224

7. Name and Address of New Registered Agent

Name: MABUSI SERGE B
Street Address (P.O. Box Number is Not Acceptable): 2010 WILLESDON DRIVE EAST
City: JACKSONVILLE FL Zip Code: 32246

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 ______________________ 09/12/2001
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MUKANDWA ALBERT A 5331 LACY JANE WAY JACKSONVILLE FL 32244 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MABUSI SERGE B 2010 WILLESDON DR. E. JACKSONVILLE FL 32246 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: SERGE MABUSI MGRM 09/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #