

2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-19-2002 90065 025 ****50.00

DOCUMENT # L00000015159

1. Entity Name

PLATINUM UNITY, L.L.C.

Principal Place of Business

**1516 E. HILLCREST, SUITE 310
ORLANDO FL 32803**

Mailing Address

**1516 E. HILLCREST, SUITE 310
ORLANDO FL 32803****18508**

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

APPLIED FOR

Applied For

59-3691734

Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARGROVE, CHARLES D
801 N. MAGNOLIA AVENUE, SUITE 402
ORLANDO FL 32803-3851**

Name

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

City

FL

Zip Code

9. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALJU, PATRICK	
STREET ADDRESS	7806 FERNLEAF DRIVE	
CITY- ST- ZIP	ORLANDO FL 32836	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ANDREWS, SCOTT	
STREET ADDRESS	976 VINERIDGE RUN, APT. 104	
CITY- ST- ZIP	ALTAMONTE SPRINGS FL 32716	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**407
399 3732**
2/12/02

CR2E083 (9/01)

SS-4

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 59-3691734

OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Platinum Unity, L.L.C.		3 Executor, trustee, "care of" name 183081944
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b) #200000315139
4a Mailing address (street address) (room, apt., or suite no.) 1516 E. Hillcrest, Suite 310		5b City, state, and ZIP code
4b City, state, and ZIP code Orlando, Florida 32803		
6 County and state where principal business is located Orange County, Florida		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 447-72-5515 Patrick Aliu		

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Church or church-controlled organization
<input type="checkbox"/> Federal Government/military (enter GEN if applicable)		

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ Limited Liability Company	<input type="checkbox"/> Banking purpose (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **12/7/2000**

11 Closing month of accounting year (See instructions.) **12/31**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **unknown**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . . . ▶

Nonagricultural -1-	Agricultural -0-	Household -0-
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14 Principal activity (See instructions.) ▶ **Music Production**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☒ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

407-898-9119

Fax telephone number (include area code)

407-898-9077Name and title (Please type or print clearly.) ▶ **Patrick Aliu, Managing Member**

Signature ▶

Date ▶

12/7/2000

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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