

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014796

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

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90125 009 ****55.00

978442



DO NOT WRITE IN THIS SPACE

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

Mailing Address
3741 SUNNY ISLES BLVD., STE. 160
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State
City & State

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
33011

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 *[Signature]* ACCOUNTANT.
(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GIOVANNI MAINARDI
8201 N.W. 83 ST STE 314
MIAMI FL 33126-3930

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

CR2E083 (4/02)