FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90408 028 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002485

1. Entity Name
PLATINUM UNIVERSAL LLC

Principal Place of Business	Mailing Address
ROYAL PALM TOWERS 1600 S. DIXIE HWY., STE. 302 BOCA RATON, FL 33432	ROYAL PALM TOWERS 1600 S. DIXIE HWY., STE. 302 BOCA RATON, FL 33432

2. Principal Place of Business		3. Mailing Address	
4000 Hollywood Blvd		4000 Hollywood Blvd	
Suite, Apt. #, etc.: Suite 755 South		Suite, Apt. #, etc.: Suite 755 South	
City & State: Hollywood FL		City & State: Hollywood FL	
Zip: 33021	Country: USA	Zip: 33021	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 37-1419382 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KETOVER, STEVE M
3476 SHERIDAN ST., STE. 210
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd
Suite 755 South
City: Hollywood FL Zip Code: 33021

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, 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KETOVER, STEVE M 3476 SHERIDAN ST., STE. 210 HOLLYWOOD, FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #