

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000000316

1. Entity Name

PLATINUM CAPITAL L.C.

00 MAY -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PLATINUM CAPITAL L.C.
433 PLAZA REAL
SUITE 275
BOCA RATON FL 33432

(SAME)

2. Principal Place of Business

3. Mailing Address

100 PARK CENTRAL BLVD.

200 PARK CENTRAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE ONE

SUITE ONE

City & State

City & State

POMPANO BEACH FL

POMPANO BEACH FL

Zip

Country

Zip

Country

33064

USA

33064

U.S.A.

4. FEI Number

65-0824141

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
-Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADLER, ROBERT R. ESQ.
WELMER C. GOWING III PA
101 S.E. 6TH AVENUE
MELRAY BEACH FL 33283

Name

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

City

FL

Zip Code

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

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: MANAGER
NAME: KOUTSOGIANNIS, VASILIOS
STREET ADDRESS: 2575 SOUTH OCEAN BLVD #3045
CITY-ST-ZIP: HIGHLAND BEACH FL 33487

Delete

TITLE: Change Addition
NAME:
STREET ADDRESS: 9083 RUTLEDGE AVE
CITY-ST-ZIP: BOCA RATON, FL 33434

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME: 400003259364--8
STREET ADDRESS: -05/19/00--01078--023
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
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STREET ADDRESS:
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TITLE: Delete
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

VASILIOS KOUTSOGIANNIS 4-24

561-350-0500

CR2E083 (1/199)