


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90274 027 ****55.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

30064974

DOCUMENT # L9800000316			
1. Entity Name PLATINUM CAPITAL, L.C.			
Principal Place of Business 9083 RUTLEDGE AVE BOCA RATON, FL 33434		Mailing Address PO BOX 810697 BOCA RATON, FL 33481	
2. Principal Place of Business <u>110 E ATLANTIC AVE</u> Suite, Apt. #, etc. <u>230</u>		3. Mailing Address <u>110 E ATLANTIC AVE</u> Suite, Apt. #, etc. <u>230</u>	
City & State <u>DELRAY BH</u>		City & State <u>DELRAY BH, FL</u>	
Zip <u>FL</u>		Zip <u>33444</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. FEI Number <u>65-0824141</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ADLER, ROBERT R ESQ. DELMER C. GOWING III, P.A. 101 S.E. 6TH AVENUE DELRAY BEACH, FL 33283-6261		7. Name and Address of New Registered Agent Name <u>PETER GOUZOS</u> Street Address (P.O. Box Number is Not Acceptable) <u>110 E ATLANTIC AVE</u> City <u>DELRAY BH, FL</u> Zip Code <u>33444</u>	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when necessary)	
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	MGRM KOUTSOGIANNIS, VASILIOS 9083 RUTLEDGE AVE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>110 E ATLANTIC AVE SE230</u> <u>DELRAY BH, FL 33444</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PETER GOUZOS</u> <u>110 E ATLANTIC AVE</u> <u>DELRAY BH FL 33444</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 owner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u>V. Gouzos</u>		Date <u>4/28/03</u> Phone # <u>361-265-3680</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2883 (10/02)