

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000318**

1. Entity Name

PLATINUM GROUP INVESTMENTS L.C.

APPROVED
AND
FILED

00 MAY -2 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**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

POMPAUN BEACH FL

POMPAUN BEACH FL

Zip

Country

Zip

Country

33064

USA

33064

USA

4. FEI Number

65-0825925

☒ 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
DELMER C. GOWING III RA.
101 S.E. 6TH AVENUE
DELRAY 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER.
KOUTSOGIANNIS, VASILIOS
2575 SOUTH OCEAN BLVD #3045
HIGHLAND BEACH FL 33487**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9083 RUTLEDGE AVE
BOCA RATON FL 33434**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9000003259989--7
-05/19/00--01106--020
*****50.00 *****50.00**

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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 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

VASILIOS KOUTSOGIANNIS MANAGING MEMB

Date

Daytime Phone #

4-27

**561-350
0500**

CR2E083 (11/99)