

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90115 023 ****50.00

DOCUMENT # L98000000318

1. Entity Name
PLATINUM GROUP INVESTMENTS, L.C.

Principal Place of Business

**200 PARK CENTRAL BLVD., SUITE 1
POMPANO BEACH FL 33064**

Mailing Address

**200 PARK CENTRAL BLVD., SUITE 1
POMPANO BEACH FL 33064**

976572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9083 RUTLEDGE AVE
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 810697
Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0825925

Applied For

Not Applicable

Zip

Country

33434

USA

Zip

Country

33481

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADLER, ROBERT R ESQ.
DELMER C. GOWING III, P.A.
101 S.E. 6TH AVENUE
DELRAY BEACH FL 33283-5261**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 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 |
|--|---------------------------------|--|---|
| MGRM KOUTSOGIANNIS, VASILIOS 4083 RUTLEDGE AVENUE BOCA RATON FL 33434 | | | |
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CR2E083 (9/01)

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 #

561-350-0500