

2002 UNIFORM BUSINESS REPORT (UBR)

0012052

DOCUMENT # MO1000000914

**MOT000000914**

1. Entity Name  
**PLATINUM PROPERTY MANAGEMENT GROUP, LLC**

FILED

02 OCT 28 PM 12:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 12945 SEMINOLE BLVD., BLDG. 1, SUITE 5  
 LARGO FL 33767

Mailing Address  
 12945 SEMINOLE BLVD., BLDG. 1, SUITE 5  
 LARGO FL 33767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1918357**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**MILLER, GERALD R**  
 12945 SEMINOLE BLVD., BLDG. 1, SUITE 5  
 LARGO FL 33767

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gerald R Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*10/21/02*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
 NAME **MILLER, GERALD R**  
 STREET ADDRESS **12945 SEMINOLE BLVD., BLDG. 1, SUITE 5**  
 CITY-ST-ZIP **LARGO FL 33767**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **800008603718**  
 STREET ADDRESS **10/28/02--01017--004**  
 CITY-ST-ZIP **\*\*150.00**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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 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: *Gerald R Miller* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*10/21/02*

Date

*727 588 0244*

Daytime Phone #

CR2E083 (4/02)

**REINSTATEMENT 2002**

*BK*