

5/16

FILED

Jul 02, 2001 8:00 am
Secretary of State

05-16-2001 90206 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008015

1. Entity Name

TNT PLATINUM, INC.

Principal Place of Business

Mailing Address

12921 N.W. SECOND STREET
#202
PEMBROKE PINES FL 3302812921 N.W. SECOND STREET
#202
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

2705 NW 87th Ave.
Suite, Apt. #, etc.320 Flamingo Rd.
Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Pembroke Pines FL

Zip
33147Country
USZip
33027Country
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGAS, JULIA

12921 N.W. SECOND STREET
#202
PEMBROKE PINES FL 33028

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
VARGAS, JULIA
12921 N.W. SECOND STREET
PEMBROKE PINES FL 33028 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VARGAS, JULIA
12921 N.W. SECOND STREET
PEMBROKE PINES FL 33028 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 694 0229

CR2E034 (10/00)