

2003

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90172 044 \*\*\*150.00

DOCUMENT # P00000033771

1. Entity Name

PLATT'S ENTERPRISES, INC  
DBA KOSCELL



DO NOT WRITE IN THIS SPACE

11009657

2. Principal Place of Business

8070 Pasadena Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Pembroke Pines

Zip

FL

Country

US

Zip

33024

Country

4. FEI Number

65-0999799

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## OFFICERS AND DIRECTORS

TITLE	President
NAME	James Michael Platts
STREET ADDRESS	215 Lakeview Dr. #104
CITY - ST - ZIP	Weston, FL 33326
TITLE	Sec / Tre
NAME	JOHN S. PLATTS II
STREET ADDRESS	19731 NW 5 ST
CITY - ST - ZIP	Pembroke Pines, FL 33029
TITLE	Judy D. Stewart
NAME	
STREET ADDRESS	21768 NW 7 MANOR
CITY - ST - ZIP	Pem. Pines, FL 33029
TITLE	
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12. 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 10 or on an attachment with an address, with full power like empowered.

SIGNATURE: John Platts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

954-447-9797

Daytime Phone #

CR2E034B (12/02)