

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90061 047 ***150.00

00012601 AV

DOCUMENT # P00000057659

1. Entity Name
PLATINUM TRADING CO., INC.

Principal Place of Business

**4800 S.W. 51ST STREET
SUITE 106
DAVIE FL 33314**

Mailing Address

**4800 S.W. 51ST STREET
SUITE 106
DAVIE FL 33314**



2. Principal Place of Business

4100 North Powerline Road

3. Mailing Address

4100 North Powerline Road

Suite, Apt. #, etc.

J 5

Suite, Apt. #, etc.

J 5

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33073

Country

U.S.A.

Zip

33073

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1016187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAMAN, MYRA

4800 S.W. 51ST STREET

SUITE 106

DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

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

4100 North Powerline Road

Suite J 5

City

Pompano Beach

FL

Zip Code

33073

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]

MYRA MAMAN

01/10/2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MAMAN, ANDRE**
STREET ADDRESS **4800 S.W. 51ST STREET**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **STD** ☒ Delete
NAME **SCHWARTZ, SAMUEL**
STREET ADDRESS **4800 SW 51ST STREET STE 106**
CITY-ST-ZIP **FORT LAUDERDALE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4100 North Powerline Road, suite J 5**
CITY-ST-ZIP **Pompano Beach, FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
ANDRE MAMAN

01/10/2002 954-5902575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)