2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000057659 DOCUMENT

SIGNATURE: Andresmanan Frestdent I

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

PLATINUM TRADING CO., INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90130 023 ***150.00

						-										
Principal Place of Business 4100 NORTH POWERLINE ROAD J5 POMPANO BEACH FL 33073			4100 J5	Mailing Address 4100 NORTH POWERLINE ROAD J5 POMPANO BEACH FL 33073				!!!								
2. Principal P	lace of Busin	ess	3. Mai	3. Mailing Address												
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & Stat	е		City	City & State				4. FEI Number 65-1016187						Applied For Not Applicable		
Zip Country			Zip	Zip Cou									\$8.75 Additional Fee Required			
	6. Name	and Address of Curren	nt Registere	ed Agent	-=-		,	7. Name	and Adds	ress of N	ew Regi		<u> </u>			
						Name										
MAMAN, M		LINE ROAD				Street A	ddress (P.C). Box Nu	mber is N	lot Accep	table)					
SUITE J5																
POMPANO BEACH FL 33073							City FL Z					Zip C	Zip Code			
	ions of regist	y submits this statement ered agent. or printed name of registered ager	. ,			d Agent signati				THE STATE		DATE	annia w	(ii, cair	—	
After Make Check	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of STEPPERS AND	of State	.pc	I 11.				Election Trust Fu	nd Contri	bution.] Ad	ded to		
10.	Р	OFFICERS ANI	DUINECTO					ADDITIO	INS/CHAI	NGES 10	OFFICE	IND AND				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete									☐ Chang	je [Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	* . **	~ F . E		□ Delete	1		era em		-		_		⁻⊡ Chanç	je: [Addition	
TITLE Name Street address City-St-Zip				☐ Delete								,	☐ Chang	je [Addition	
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TITLE NAME Street Address City-St-Zip	5.18	ార్గారణ్ కొడ్డారు.	· · · · · · · · · · · · · · · · · · ·	o weger⊡ Delete∞ • weg	NAM STRE	E	· . 4. 6	3 / La	**************************************	re i Les	on the same	ر پاهها اور در	Chang. □	je .[Addition	
indicated of the cor	on this repor	e information supplied wi t or supplemental report re receiver or trustee em ichment with an address	is true and	accurate and that mexecute this report a	V signa ■ requi	mption stat ture shall hared by Cha	ed in Section ave the same pter 607, F	on 119.07 ne legal e lorida Sta	7(3)(i), Flo effect as if atutes; and	rida Statu made ur d that my	ites. I fur ider oath name ap	ther cert i; that I a opears in	tify that th m an offic Block 10	e inforcer or or or Bl	rmation director ock 11 if	

January 10, 2003

(954) 590-2575

Daytime Phone #