

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-14-2001 90017 048 ***158.75

DOCUMENT # P00000067918

1. Entity Name

PLATINUM COMMERCIAL AIR GROUP, INC.

Principal Place of Business

**3202 N W 99TH PLACE
MIAMI FL 33172**

Mailing Address

**3202 N W 99TH PLACE
MIAMI FL 33172**

2. Principal Place of Business

700 S. ROYAL POINCIANA BLVD

3. Mailing Address

700 S. ROYAL POINCIANA BLVD

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI SPRINGS, FL

City & State

MIAMI SPRINGS, FL

Zip

33166

Country

MIAMI-DADE

Zip

33166

Country

MIAMI-DADE

6. Name and Address of Current Registered Agent

**DEL CASTILHO, MERCEDES
3202 N W 99TH PLACE
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

LEANDRO DEPONTES

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

700 S. ROYAL POINCIANA BLVD - SUITE 500

City

MIAMI SPRINGS

FL

Zip Code

33166

4. FEI Number

05-1028981

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

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

LEANDRO DEPONTES, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

JAN 15, 2001

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 State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DEL CASTILHO, LOURDES**
STREET ADDRESS **3202 N W 99TH PLACE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY, DIRECTOR** ☐ Change ☒ Addition
NAME **LOURDES DEL CASTILHO**
STREET ADDRESS **700 S. ROYAL POINCIANA BLVD SUITE 500**
CITY-ST-ZIP **MIAMI SPRINGS, FLORIDA 33166**

TITLE **PRESIDENT, TREASURER, DIRECTOR** ☐ Change ☒ Addition
NAME **LEANDRO DEPONTES**
STREET ADDRESS **700 S. ROYAL POINCIANA BLVD SUITE 500**
CITY-ST-ZIP **MIAMI SPRINGS, FLORIDA 33166**

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

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

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CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEANDRO DEPONTES

Date

JAN 15/01

Daytime Phone #

305 8882227

CR2E034 (10/00)