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SECRETARY OF STATE TALLAH STOR MARDA

					(C)			
2. Principal (Place of Business	3. Mailing Address	_					
Suité, Apt	. #. elc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State 4. FEI Number			·	Applied For		
Zip	Country	-Zip . Country				<u> </u>	<u>ا X </u> \$8,75 A	Not Applicable
				5	5. Certificate of Status Desired Fee Required			
 	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent				
TURBAY, AILIN 608 NW 57 AVE.				Street Address (P.O. Box Number is Not Acceptable)				
MIAN	WI FL 33126				·····	<u> </u>		
			City	·		F	L Zip Co	ode
8. The above	e named entity submits this statement for	or the purpose of changing it	s registered office	or registered	agent, or both, in the Sta	ate of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent	t and title il applicable. (NO	TE: Registered Agent alg	nature required whe	n (einstating)	DAT	E	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on báck)		/!!! FEE IS \$156 001 Fee will be able to Departme	\$550.00	10. Election Camp Trust Fund Col	• •		OO May Be ed to Fees
11.	OFFICERS AND		12.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	
title Name	D VARELA, JOAQUIN	Delete	TITLE				🗋 Change	Addition
STREET ADDRESS	12205 S.W. 129 COURT		STREET ADDRESS	s :				
CITY-ST-ZIP	MIAMI FL 33186	······	CITY-ST-ZIP			<u> </u>	<u> </u>	
TITLE NAME		💭 Delete	TITLE NAME				🔲 Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	5				
TITLE	·		TITLE				Change	Addition
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ITLE		Delete	TTTLE		~ ~			Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	;				
CITY-ST-ZIP			CITY-ST-ZIP			 _		
TITLE NAME		Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS	;				
CITY-ST-ZIP	 		CITY-ST-ZIP					
TITLE NAME		🗋 Delete	TITLE NAME				🗋 Changé	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	;		19		
13. I hereby c indicated of the cor	L sertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that owered to execute this report	or the exemption st my signature shall t as required by Cl	have the sam	e legal effect as if made	under oath; that	I am an office	er or director
SIGNAT					05/01/01	(305/25	2.9730	
	SIGNATURE AND TYPED OR P	RINTED NAME OF SKINING OFFICER	OR DIRECTOR		Date	<u> </u>	Daytime Phone #	<u></u>

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*2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAM) FL 33196

12205 S.W. 129 COURT

DOCUMENT # **P0000073542** 1. Entity Name

PLATINUM TECHNOLOGIES GROUP, INC.

Principal Place of Business

12205 S.W. 129 COURT

MIAMI FL 33186

FROM : ASHLAND INS AGY

PHONE NO. : 305 262 4195

NOV. 15 2001 02:19PM P2

<u>.</u>

manesa (Dye 2012)

November 15, 2001

Florida Dept of Revenue Division of Corporations PO BOX 6327 Tallahassee, F1 32314

Re: Platinum Technologies Group/ Annual Report (2001) Ref # P00000073542

Dear Tyrone

We are in receipt of your department's letter dated November 1, 2001 detailing the reason for non-compliance as explained in a prior correspondence by your office dated May 29, 2001.

Please be informed that it appears we never received the correspondence dated May 29, 2001, consequently we were unable to respond to your request. We are attaching a copy of our cancelled check totaling \$150.00 for the annual fee.

Please, accept our request to consider our report filed timely and waive the reinstatement fee based on reasonable cause.

Thank you for your attention to this matter.

Sincerely,

Jöaquin Varela Director

JV/met Encl.