

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90066 025 ***150.00

DOCUMENT # P00000100993

1. Entity Name
PLATINUM RIVER, INC.



Principal Place of Business
1759 NW 80TH AVENUE SUITE 38J
MARGATE FL 33063

Mailing Address
1759 NW 80TH AVENUE SUITE 38J
MARGATE FL 33063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1054869**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIOLPAN, ALIN
1759 NW 80TH AVE., STE 38 J
MARGATE FL 33063

Name
WINTERS, ALIN

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

1759 NW 80TH AVE, STE 38 J

City
MARGATE

FL Zip Code
33063

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 *Alin Winters* **ALIN WINTERS** **PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3/4/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CIOLPAN, ALIN**
STREET ADDRESS **1759 NW 80TH AVENUE SUITE 38J**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **P** ☒ Change ☐ Addition
NAME **WINTERS, ALIN**
STREET ADDRESS **1759 NW 80TH AVENUE SUITE 38 J**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Alin Winters* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 **954-729-6935**
Date Daytime Phone #

CR2E034 (10/02)