

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117721

1. Entity Name

PLATINUM LIFE RECORDS, INC.

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90079 001 \*\*\*\*\*8.75

04-18-2001 90079 002 \*\*\*150.00

Principal Place of Business

RT 1 BOX 83  
CLEWISTON FL 33440

Mailing Address

RT 1 BOX 83  
CLEWISTON FL 33440

2. Principal Place of Business

RT 1 Box 83  
Suite, Apt. #, etc.

3. Mailing Address

RT 1 Box 83  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clewiston, FL

City & State

Clewiston, FL

4. FEI Number

65-1065698

Applied For

Not Applicable

Zip

33440

Country

U.S.

Zip

33440

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNA, DANNY  
RT 1 BOX 83  
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name: Danny Luna  
Street Address (P.O. Box Number is Not Acceptable): RT 1 Box 83  
City: Clewiston FL Zip Code: 33440

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

*Danny Luna*

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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LUNA, DANNY	
STREET ADDRESS	RT 1 BOX 83	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Danny Luna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

463-943-2701

Daytime Phone #

CR2E034 (10/00)