2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000024128

1. Entity Name

PLATINUM MAX, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90179 025 ***150.00

Sulfe, Apt. #, etc. Suife, Apt. #, etc. Suife, Apt. #, etc. Gry & State City & State A, FEI Number 65-1081490 Applicable For Non Appli	Principal Place of Business 19545 NW 2ND AVE MIAMI FL 33169				Mailing Address 19545 NW 2ND AVE MIAMI FL 33169				9005876					
City & State Ci	2. Principal	Place of Busi	ness	3. N	3. Mailing Address						lotti dalla itt	11 41401 11611		
Zip Country Spirit Status Desired Spirit Status Desi	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Country	City & Sta	te		C	City & State				4. Fi	El Number 65-1081490				
MINOTT, MICHAEL A 19645 NW 2ND AVE MINOTE Street Address (P.O. Box Number is Not Acceptable)	Zip					Cour	ntry		5. -C	ertificate of Status Desired ~ ~		8.75, Ac	dditional	
MINOTT, MICHAEL A 19545 NW 2ND AVE MINOTT, MICHAEL A 19545 NW 2ND AVE MINOTT, MICHAEL A 19545 NW 2ND AVE MINOT ACceptable)		6. Name	and Address	of Current Registe	red Agent		1		7. N	ame and Address of New Rec	istered A	gent		
MIAMI FL 33169 City FL Zip Code 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 to be obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00	MINOTT, MICHAEL A									•			~~	
8. The above named antity 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 of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept of the purpose of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Physiole to Florida Department of State 10. OFFICERS AND DIRECTORS MINOTT, MICHAEL A STRET ADDRESS MINOTT, MICHAEL A STRET ADDRESS MINOTT, MICHAEL A STRET ADDRESS MINOTT, ST. 2P TILE MAME STRET ADDRESS CITY-ST. 2P TILE MAME	19545 NW	2ND AVE	ý.		Street Addr			Adaress (P.C	is (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept who obligations of registered agent. SIGNACURE	MIAMI FL 33169													
SIGNATURE Symbol to printed name of registered agent and life if applicable. (NOTE Registered Agent upnature required when manicaling) DATE			•					City				Zip Coo	de	
SIGNATURE Symbol to printed name of registered agent and life if applicable. (NOTE Registered Agent upnature required when manicaling) DATE														
Squattern prime or prime range agent and site if agenteria. (NOTE: Replatered Agent signature required where recitating) Septiment S	the obliga	-the obligations of registered agent.												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 1.	SIGNALURE	SIGNAVIRE												
After May 1, 2003 Fee will be \$550.00 May Bo Added to Fees Make Check Payable to Florida Department of State 10.		Signature typed	or printed name of re	egistered agent and title if a	pplicable. (NOTE	: Registere	d Agent signat	ure required wh	en rein	stating)	DATE			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	After May 1, 2003 Fee will be \$550.00									, -	_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ORS	11			ADD	NITIONS/CHANGES TO DESIG	EDS AND I	NECTO	OC IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	D	`			-			700	THORS/CHANGES TO OFFIC	-			
CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	MINOTT, M	1ICHAEL A		_ Dollar			İ				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						STRE	ET ADDRESS							
NAME STREET ADDRESS CITY- ST-ZPP TITLE NAME STREET ADDRESS CITY- ST-ZPP	CITY-ST-ZIP	MIAMI FL 3	33169			CITY-	- ST- ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE	:				[Change	☐ Addition	
CITY-ST-ZIP							_							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							· i							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	 -					_			*~~		·	<u> </u>	<i>-</i>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						[Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						_								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	-		€	☐ Delete	TITLE							Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME											Onlings	L] Modition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STREE	T ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY-	ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE				, · · · · · · · · · · · · · · · · · · ·		Change	Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						NAME	:]				_			
TITLE	STREET ADDRESS					STREE	T ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY-	ST-ZIP							
STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP	TITLE				Delete	TITLE	[_		· · 		Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP														
		ortify that the	information	anting with this fill	and									

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 all other like empowered.

SIGNATURE: