

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90280 001 \*\*\*300.00

**DOCUMENT # P01000065767**

1. Entity Name  
**PLATNUM PLUS, INCORPORATED**

Principal Place of Business      Mailing Address  
**7762 NW 72ND AVENUE**      **7762 NW 72ND AVENUE**  
**MEDLEY FL 33166**      **MEDLEY FL 33166**

12695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-1131902**      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**

**FALLA, DESMOND**  
**7762 NW 72ND AVENUE**  
**MEDLEY FL 33166**

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

SIGNATURE \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME  Delete  
**D FALLA, DESMOND**  
 STREET ADDRESS **2365 SW 125 AVE**  
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE NAME  Change  Addition  
**D 3 PRESIDENT**

TITLE NAME  Delete  
**D MITA, MIKE**  
 STREET ADDRESS **556806 ARBOR CLUB WAY**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE NAME  Change  Addition  
**D 3 VICE PRESIDENT**

TITLE NAME  Delete  
**D GOODRICH, MARK**  
 STREET ADDRESS **2112 F STREET NW, SUITE 401**  
 CITY-ST-ZIP **WASHINGTON DC 20037**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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

**1/24/02**      **305 448 3513**  
 Date      Daytime Phone #

160960

CR2E034 (9/01)