

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

**7762 NW 72ND AVENUE
 MEDLEY FL 33166**

Mailing Address

**7762 NW 72ND AVENUE
 MEDLEY FL 33166**

12695



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

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)

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

Date

Daytime Phone #

1/24/02 305 118 3513

CR2E034 (9/01)