FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90157 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103890

1. Entity Name

PLATINUM PRODUCTS INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7040 W. PALMETTO PARK RD.	7040 W. PALMETTO PARK RD.
Suite, Apt. #, etc.: #4-616	Suite, Apt. #, etc.: #4-616
City & State: BOCA RATON, FL.	City & State: BOCA RATON, FL.
Zip: 33433 Country:	Zip: 33433 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0903933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TARA BORAKOS

Street Address (P.O. Box Number is Not Acceptable): 21295 GREENWOOD COURT

City: BOCA RATON FL Zip Code: 33433

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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR
NAME	TARA BORAKOS
STREET ADDRESS	21295 GREENWOOD COURT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/22/02 1-561-482-8429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #