

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90169 032 ***150.00

DOCUMENT # P02000089155

1. Entity Name
PLATINUM MORTGAGE, INC.



Principal Place of Business
2018 N.E. 164TH STREET
MIAMI FL 33162

Mailing Address
2018 N.E. 164TH STREET
MIAMI FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0528608

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARRELL, DANIEL
2018 N.E. 164TH STREET
MIAMI FL 33162

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DANIEL HARRELL	2018 N.E. 164 ST	NO. MIAMI BCH. FL 33162

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (10/02)

10.

Attachment
90151169

Dept. of State,
DIVISION OF CORPORATION
Tallahassee, FL 32302

Dear Sir,

Re: ^{Doc. #} P02000089155
UNIFORM BUSINESS REPORT.

Enclosed Uniform Business Report Renewal
Form along with check for \$150. As per -
Your instructions OVER the phone.

Please accept my request for renewal
Because, I didn't receive the Form earlier
and we have a lots of MAIL Problem.

Thank you kindly,

Sincerely Yours
Daniel Harrell
(President)