

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

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90155 016 ***150.00

DOCUMENT # P02000096359
1. Entity Name JEFFREY PLATTER INC

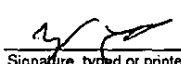
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4276 NW 89TH AVE Suite, Apt. #, etc. STE 205 City & State CORAL SPRINGS, FL Zip 33065-1785	3. Mailing Address SAME Suite, Apt. #, etc. City & State Country USA
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 42-1549448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required


DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name JEFFREY PLATTER	
Street Address (P.O. Box Number is Not Acceptable) 4276 NW 89TH AVE	
STE 205	
City CORAL SPRINGS	FL Zip Code 33065

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 	DATE 7/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PRES	TITLE	
NAME	JEFFREY PLATTER	NAME	
STREET ADDRESS	4276 NW 89TH AVE	STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	JEFFREY PLATTER 7/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034B (12/02)

Attachment

80134035

JEFFREY PLATTER, INC.

4276 NW 89TH AVE

SUITE 205

CORAL SPRINGS, FL 33065-1785

(954) 608-7679

July 31, 2003

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Re: CRE034 P02000096359

To Whom It May Concern:

Please be advised that I did not receive the enclosed form as I have changed my address. Enclosed please find a substitute UBR form and a check for \$150.00.

Since I never received the attached for, I am submitting a substitute for and am hoping, with my assurance that all future forms will be filed timely, you will consider this form as filed timely.

Thanking you in advance for your consideration in this matter, I remain,

Very truly yours,



Jeffrey Platter