

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90099 024 \*\*\*150.00

**DOCUMENT # P93000077079**

**1. Entity Name**  
**PLATINUM, INC.**

**Principal Place of Business**

**301 S STATE RD 7  
 PLANTATION FL 33317**

**Mailing Address**

**301 S STATE RD 7  
 PLANTATION FL 33317**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**65-0449806**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**RAMCHANDANI, DEONARINE  
 301 S STATE RD 7  
 PLANTATION FL 33317**

**7. Name and Address of New Registered Agent**

Name

**Deonarine Ramcharan**

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

**301 S State Rd 7**

City

**Plantation**

**FL**

Zip Code

**33317**

**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**

**Deonarine Ramcharan**

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

(NOTE: Registered Agent signature required when reinstating)

**2/11/01**

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**

**TITLE P**  
**NAME RAMCHARRAN, DEONARINE**  
**STREET ADDRESS 301 S STATE RD 7**  
**CITY-ST-ZIP PLANTATION FL 33317**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

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☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ 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: Deonarine Ramcharan** **Deonarine Ramcharan** **2/11/02** **954 791-6416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)