2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P96000082005 1. Entity Name PLATINUM INVESTMENT REALTY, INC. 04-14-2000 90003 048 ***150.00 Principal Place of Business Mailing Address 800 NORTH OCEAN DRIVE 800 NORTH OCEAN DRIVE SUITE 28 LUUUUUUU HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-1230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0704555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NG, MANSON Street Address (P.O. Box Number is Not Acceptable) 800 NORTH OCEAN DRIVE SUITE 2B HOLLYWOOD FL 33019 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete PD TITLE Addition TITLE. NAME NAME NG, MANSON STREET ADDRESS STREET ADDRESS 800 NORTH OCEAN DRIVE, SUITE 2B CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Change ☐ Addition ☐ Delete TITLE TITLE NAME CHAN-NG, IENG NAME STREET ADDRESS STREET ADDRESS 800 NORTH OCEAN DRIVE, SUITE 2B CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR