2001 UNIFORM BUSINESS REPORT (UBR)						F	ILEI	)			
DOCUMENT # P96000084268  1. Entity Name PLANET EX-IM CORP.					Sep 10, 2001 08:00 AM Secretary of State						
Principal Plac		Mailing Address									
BOCA RATON 33432	FL	BOCA RATON 33432		FL							
2. Principal P	face of Business AN PLACE	3. Mailing Address 8352 HUNTSMAN PLACE									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DQ	NOT WRIT	E IN THIS S	SPACE	–	
City & State		City & State BOCA RATON				. FEI Number 55-0700537	<del></del>			oplied For	Ì
Zip 33433	Country	Zip 33433	Coun	ntry		Certificate of Status	Desired		\$8.75 Add		-
	6. Name and Address of Current			1	7	Name and Address	of New Pe		Fee Require	·a	4
DEPPE KATHERINE M 1629 ROYAL PALM WAY					ŢE C	LAUDE A  Box Number is Not A			-yent		-
BOCA RATON FL 33432				City				FL	Zip Cod	e	-
8. The above	named entity submits this statement for	or the purpose of changing its n	eaister	BOCAR  ed office or		agent or both in the	State of Flor		33433		-
SIGNATURE .	CLAUDE A. BRIGAN Signature, typed or printed name of registered agent	TE and title if applicable. (NOTE:	Registere	d Agent signat.	ire required when		_	09/10	/2001		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!  After MAY 1, 200  Make Check Payable	1 Fee	will be \$5	50.00	10. Election Ca Trust Fund (				<b>0</b> May Be i to Fees	
11.	OFFICERS AND		12.			ADDITIONS/CHANGI	ES TO OFFI	CERS AND	DIRECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEPPE HENRY A 1629 ROYAL PALM WAY BOCA RATON	☐ Delete  FL 33432			V DEPPE 8352 HUN BOCA RA	KATHERINE ITSMAN PLACE ATON	M	${f FL}$		☐ Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEPPE KATHERINE M 1629 ROYAL PALM WAY BOCA RATON	Delete .			P BRIGANT 8352 HUN BOCA RA	ITSMAN PLACE	A	FL	<b>№</b> Change 33433	Addition	CR2EC
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					•		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	e et address -st-zip				-	Change	Addition	
of the cor changed,	certify that the information supplied witt on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that my owered to execute this report a		filifo chall h	aua tha com	e legal effect as if ma prida Statutes; and th	ide under o at my name	م ا خمطة بطفص	m on officer	ar disastar	
SIGNAT		PRINTED NAME OF SIGNING OFFICER O	R DIRECT	ror		P 09/10  Date		D	avtime Phone #		

Date

Daytime Phone #