2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P96000090905 May 24, 2000 8:00 am Platinum Dur Publishing, Inc **Secretary of State** 05-24-2000 90070 024 ***150.00 Principal Place of Business 630 U.S. HWY 1 630 US HWY 1 Suite 205 Surte 205 : Palm Beach, FL 33408 N. Palm Beach FL 33408 しりひけておなお 3. Mailing Address 40 Proger & Fenton 2. Principal Place of Business 292 S. County Rd. DO NOT WRITE IN THIS SPACE Suite 213 Applied For Beach Not Applicable \$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 Slavin, Michael -A-4440 PGA BIVD SWIFE 402 Street Address (P.O. Box Number is Not Acceptable) Palm Beach Gardens FL 33410 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 💢 Change Addition ☐ Delete TITLE our Nicole Durr Nicole NAME NAME Third Ave - 3rd Floor 0 US HWY 1 Swite 205 Palm Beach FL 33408 675 STREET ADDRESS STREET ADDRESS New York NY 10017 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Change ☐ Delete TITLE Bielski Karen 292 S. County Rd Suite 213 NAME STREET ADDRESS STREET ADDRESS Palm Beach FL 33480 CITY-ST-ZIF CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.