

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018959

1. Entity Name

~~MRI CONSULTING, INC.~~

PLATINUM TRACK RECORDS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90004 026 ***150.00

Principal Place of Business

Mailing Address

~~1400 HANCOCK BLVD~~

~~1400 HANCOCK BLVD~~

~~407~~

~~407~~

~~DAYTONA BEACH FL 32114~~

~~DAYTONA BEACH FL 33330-1071~~

~~US~~

~~US~~

2. Principal Place of Business

1217 MEADOWS CIRCLE

3. Mailing Address

251 S. STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

PLANTATION, FL

4. FEI Number

59-3429434

Applied For

Not Applicable

Zip

33436

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKO, EDWARD J

~~1400 HANCOCK BLVD~~

~~#407~~

~~DAYTONA BEACH FL 32114~~

Name

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

1217 MEADOWS CIRCLE

City

BOYNTON BEACH,

FL

Zip Code

33436

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MARKO, EDWARD J JR
STREET ADDRESS ~~4420 DUNMORE AVE, #8~~
CITY-ST-ZIP ~~TAMPA FL 33611~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1217 MEADOWS CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWARD J. MARKO JR. 4/6/00 (561) 945-8989

CR2E034 (9/99)