

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-24-2003 90088 038 \*\*\*\*72.50

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STATE  
PALM BEACH, FLORIDA

*[Handwritten signature]*



**DOCUMENT # P97000101183**

1. Entity Name  
**PLATINUM INVESTMENT REALTY GROUP INC.**



Principal Place of Business  
2745 E. ATLANTIC BLVD.  
SUITE 301  
POMPANO BEACH FL 33062

Mailing Address  
2745 E. ATLANTIC BLVD.  
SUITE 301  
POMPANO BEACH FL 33062

2. Principal Place of Business  
**520 W HALLANDALE BEACH BLVD.**

3. Mailing Address  
**P.O. BOX 16538**

City & State  
**HALLANDALE, FL**

City & State  
**PLANTATION, FL**

Zip  
**33019**

Country  
**US**

Zip  
**33318**

Country  
**US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0803192** Applied For

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FERRAGUT, JORGE F**  
**800 N OCEAN DR. 2ND FLR. 1874 NW 93 TERR.**  
**HOLLYWOOD FL 33019 PLANTATION, FL 33322**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPD FERRAGUT, JORGE F 800 N. OCEAN DR. 2ND FLR. HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD FERRAGUT, MARINA 800 N OCEAN DR 2ND FLOOR HOLLYWOOD FL 33019</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: **SIGNATURE** *[Signature]* **SIGNED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)