FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P98000064530**.. PLATINUM DATACOM, CORP. 04-11-2001 90009 009 ***150.00 Principal Place of Business Mailing Address 175 FONTAINBLEAU BLVD., #2-B 175 FONTAINBLEAU BLVD., #2-B MIAMI FL 33172 MIAMI FL 33172 LIS US 2. Principal Place of Business 3. Mailing Address 2503 NW AVE 2503 NW 72nD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2*50*3 B 2*50*3B City & State City & State 4. FEI Number Applied For 65-0852372 MIAMI FL MIAMI Not Applicable Zip 33122 Country Country \$8.75 Additional 5. Certificate of Status Desired USA IJS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERACASA JACO30 BERACASA, JACOBO Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINBLEAU BLVD., #2-B MIAMI FL 33172 2503 B City 8. The above named entity 4 pmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. TACO80 SIGNATURE Signature, typed or 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change CR2E034 (10/00) Delete FELIX A. SANCHEZ CASTREJON, MONICA NAME NAME 14195 SW 145 PL STREET ADDRESS 175 FONTAINBLEAU BLVD., #2-B STREET ADDRESS CITY-ST-ZIP 33186 CITY-ST-ZIP MIAMI FL 33172 MIAMI FL ☐ Delete TITLE Change ☐ Addition TITLE BELACASA, JACOBO 14203 SW 145 PL BERACASA, JACOBO NAME NAME STREET ADDRESS 175 FONTAINBLEAU BLVD., #2-B STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP MIANI THE 33186 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR