

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90081 049 ***150.00

00011001



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P98000064530

1. Entity Name
PLATINUM DATACOM, CORP.



Principal Place of Business
**2505B NW 72ND AVE
MIAMI FL 33122
US**

Mailing Address
**2505B NW 72ND AVE
MIAMI FL 33122
US**

2. Principal Place of Business

8315 NW 64TH Street

3. Mailing Address

8315 NW 64TH Street

Suite, Apt. #, etc.

Suite #6

Suite, Apt. #, etc.

Suite #6

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0852372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERACASA, JACOBO
2505B NW 72ND AVE
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

JACOBO BERACASA

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

8315 NW 64TH Street

Suite #6

City

MIAMI

FL

Zip Code

33166

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

Felix Sanchez / President

01/30/03

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

(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

TITLE **VD** ☐ Delete
NAME **BERACASA, JACOBO**
STREET ADDRESS **14203 SW 145 PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PD** ☐ Delete
NAME **SANCHEZ, FELIX A**
STREET ADDRESS **14195 SW 145 PL**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Felix Sanchez / President

01/30/03 (305)2290705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)