FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000070014

PLATINUM PROPERTIES SERVICES, INC



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90813 010 ***158.75

D	O NOT WRITE	IN THIS	SPACE	Ver	-~~00001			
2. Principal Place of Business 7701 CAMTNO REAL		3. Mailing Address 7701 CAMINO REAL			DO NOT WORK	25 141 71 110 004	0.5	
Suite, Apt. #, etc. APT A - 315		Suite, Apt. #, etc. Apt A-315			DO NOT WRITE IN THIS SPACE			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA			4. FEI Number 65-0858154		Applied For No: Applicable	
Zip 33143	Country DADE	Zip 33143	Country DADE	1. 5. Certificate of Status Desired			.75 Additional Required	
		A THE WAR WINE		7. Name and Address of Current Registered Agent				
				^{Vame} CORPO	PORATE INVESTMENTS SERVICES, INC			
<u> </u>	DO NOT W IN THIS SF			Street Address (I	PAREASURE DR NORTH BAY VILLAGE			
	led entity submits this stayement for of registered agent.				BEACH . ed agent, or both, in the State of Flor		Zip Cod 3141 ar with, and accept	
SIGNATURE	(Kohin)			A.E SCIN		-	th/03	
Januar Afte Art	ure ispedor prince name of personal agent y 1 - May 1, Fee is \$150.00 r May 1; Fee is \$550.00 tended UBR is \$61.25 able to Florida Department of		NOTE: Hegistered Agi	ent signature required	9. Election Campaign Fina Trust Fund Contribution.	~ —	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	TITLE NAME STREET AL CITY-ST-	SCINI 7701	DT -SECT-TREAS -D TO LEONARDO A.E CAMINO REAL APT A - FLORIDA 33143	- 315	. •	
ITLE IAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET AD	DDRESS	TIORIDA 33143			
ITILE IAME STREET ADDRESS OTY-ST-ZIP			TITLE NAME STREET AD CITY-ST-2		DO NOT V	WRITE	: •	
ITLE			TITLE	李红 新春	IN THIS S	PACE	a K	

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 tree 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 on an

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

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CITY-ST-ZIP

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NAME

MANUE

ED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO A.E SCINTO

4/25th/03

(786) 488-9480

Date