

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90228 048 ***158.75

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DOCUMENT # P98000084831

1. Entity Name
PLATINUM TECHNOLOGIES, INC.



Principal Place of Business
**4341 NW 90TH TERRACE
CORAL SPRINGS FL 33065**

Mailing Address
**4341 NW 90TH TERRACE
CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

18625 SW 294 TERRACE

18625 SW 294 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number
65-0871994

Applied For
☐ Not Applicable

Zip
33030

Country
USA

Zip
33030

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

**STEINBERN, ELAINE
4341 NW 90TH TERRACE
CORAL SPRINGS FL 33065**

Name
STEINBORN, ELAINE
Street Address (P.O. Box Number is Not Acceptable)
18625 SW 294 TERRACE
City
HOMESTEAD FL Zip Code
33030

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

DATE
4-20-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D JAHN, ROLF
4974 N.W. 97TH PLACE
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D JAHN, ROLF
18625 SW 294 TERRACE
HOMESTEAD, FL 33030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4.20.03 **305.205**
Daytime Phone # **6636**

CR2E034 (10/02)