FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # **P98000108324** 1. Entity Name PLATINUM DISTRIBUTORS, INC. 05-10-2001 90151 036 ***150 00 Principal Place of Business Mailing Address 1327 Northwest 129th Terrace 1327 NORIWWEST 129TH TERRACE SUNRISE FL \$3323 SUNRISE FL 38323 3. Mailing Address 4534 N. HATUS RD. Suite, Apt. #, etc. 2. Principal Place of Business 4534 N HI ATUS RO DO NOT WRITE IN THIS SPACE City & State. City & State Applied For 4. FEI Number APPLIED FOR SUNRISE SUNRISE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDUARDO HOYO, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1327 NW 129TH TERRACE SUNRISE FL 33323 4534 N. HIATUS RD. 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 From FD UMMO J. Hogo pros. (NOTE: Registered Agent signature required when reinstating) 4-26-01 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSTD CR2E034 (10/00) **PSTD** TITLE Addition TITLE Delete HOYO, EDURBO J. 4534 M. HIATUS RD. NAME NAME HOYO, EDUARDO J STREET ADDRESS STREET ADDRESS 1327 NORTHWEST 129TH TERRACE SUNRISE, FLA. 33351 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 with an address, with all other like empowered.

SIGNATURE: Elevello J. Hayo EDUALDO J. Hayo Have 4-26-0/ 954-749-820

SIGNATURE AND TYPED OR MINITED NAME OF SIGNING OFFICER OR DIRECTOR

Date Destine Phone #