

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056930

1. Entity Name

PLATINUM PARKING SYSTEMS, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90013 041 ***150.00

Principal Place of Business

Mailing Address

935 N.E. 199TH ST. UNIT #202
NO. MIAMI FL 33179

935 N.E. 199TH ST. UNIT #202
NO. MIAMI FL 33179-3034

LUUBU91U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

240 CRANDON BLVD.

3. Mailing Address

240 CRANDON BLVD.

Suite, Apt. #, etc.

SUITE 241

Suite, Apt. #, etc.

SUITE 241

City & State

KEY BISCAYNE, FLORIDA

City & State

KEY BISCAYNE, FLORIDA

4. FEI Number

65-0927776

☒ Applied For
☐ Not Applicable

Zip

33149

Country

DADE

Zip

33149

Country

DADE

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

SANTOS, CATHERINE V

935 N.E. 199TH ST. UNIT #202
NO. MIAMI FL 33179

Name

CATHERINE V. SANTOS

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

240 CRANDON BLVD. SUITE 241

City

KEY BISCAYNE

FL

Zip Code

33149

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.

SIGNATURE

CATHERINE V. SANTOS (PRINT NAME)

01-31-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Delete
NAME Santos, Catherine V.
STREET ADDRESS 240 Crandon Blvd #241
CITY-ST-ZIP N. m., FLA 33179 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☒ Change ☐ Addition
NAME Santos, Catherine V.
STREET ADDRESS 240 Crandon Blvd. #241
CITY-ST-ZIP North miami, FLA 33179

TITLE ☒ Delete ☐ 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

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

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

13. 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:

CATHERINE V. SANTOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2000 (305) 954-7747

Date

Daytime Phone #

CR2E034 (9/99)