

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90064 027 ***150.00

DOCUMENT # P99000056930

1. Entity Name
PLATINUM PARKING SYSTEMS, INC.

Principal Place of Business

935 NE 199TH ST.
 SUITE 202
 N. MIAMI BEACH FL 33179

Mailing Address

935 NE 199TH ST.
 SUITE 202
 N. MIAMI BEACH FL 33179

2. Principal Place of Business

935 N.E. 199TH ST.

3. Mailing Address

935 N.E. 199TH ST.

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

NORTH MIAMI, FLORIDA

City & State

NORTH MIAMI, FLORIDA

Zip

33179

Country

U.S.A.

Zip

33179

Country

U.S.A.

4. FEI Number **65-0927776**

Applied For

Not Applicable

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
240 CRANDON BLVD., SUITE 241
KEY BISCAYNE FL 33149

Name **CATHERINE V. SANTOS**

Street Address (P.O. Box Number is Not Acceptable)
935 N.E. 199TH ST. SUITE # 202

City **N. MIAMI**

FL

Zip Code **33179**

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** **02-19-01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, CATHERINE V 240 CRANDON BLVD. #241 MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

02-19-01

Date

(305) 249-3558

Daytime Phone #

CR2E034 (10/00)