

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074939

1. Entity Name

Platinum Limousines of South Florida, Inc.

Principal Place of Business

1050 SW 46 Ave. #206

Pompano Beach, Fla. 33069

Mailing Address

1050 SW 46 Ave. #206

Pompano Beach, Fla.

33069

2. Principal Place of Business

1291 SW 26 Ave

3. Mailing Address

1291 SW 26 Ave

Suite, Apt. #, etc.

Suite #110

City & State

Pompano Beach, Fla.

Zip

33069

Country

USA

Zip

33069

Country

USA

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90384 027 ***150.00

A0031025

DO NOT WRITE IN THIS SPACE

4. FEI Number

650944047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Herman, Bruce

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

1401 E. Broward Blvd. #206

City Fort Lauderdale

FL Zip Code 33301

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

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

Director
Hofherr, Jan
1030 SW 46 Ave #104
Pompano Beach, FL. 33069

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Schwartz, Charles
1030 SW 46 Ave #104
Pompano Beach, FL. 33069

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

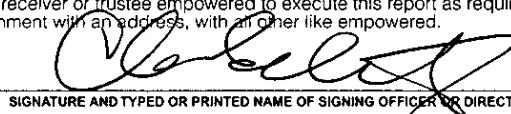
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:



Charles Schwartz

3/2/01

954-785-4030

Daytime Phone #

CR2E034 (11/00)