FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90037 021 ***150.00

DOCUMENT # P99000074939

1. Entity Name
Platinum Limousines of South Florida, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1291 SW 26th Avenue	1291 SW 26th Avenue
Suite, Apt. #, etc.: #110	Suite, Apt. #, etc.: #110
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33069 Country: USA	Zip: 33069 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0944047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Charles Schwartz
Street Address (P.O. Box Number is Not Acceptable): 1291 SW 26th Avenue Suite# 110
City: Pompano Beach FL Zip Code: 33069

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] Charles Schwartz 4/25/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	Charles Schwartz
STREET ADDRESS	1291 SW 26th Avenue Ste#110
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Charles Schwartz 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #