

DOCUMENT # P99000083334

1. Entity Name

ALL PLATINUM PETALS, INC.

Principal Place of Business

200 OCEAN LANE DRIVE  
SUITE 905  
KEY BISCAYNE FL 33149

Mailing Address

200 OCEAN LANE DRIVE  
SUITE 905  
KEY BISCAYNE FL 33149-1420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DOYLE, RICHARD S  
200 OCEAN LANE DRIVE  
SUITE 905  
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name Richard S. Doyle

Street Address (P.O. Box Number is Not Acceptable)  
200 OCEAN LANE DR. # 905

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

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 \$650.00~~

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOYLE, RICHARD S  
CITY-ST-ZIP 200 OCEAN LANE DRIVE SUITE 905  
KEY BISCAYNE FL 33149

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800003509328--7  
CITY-ST-ZIP -12/20/00--01083--019  
\*\*\*\*550.00 \*\*\*\*550.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800003509328--7  
CITY-ST-ZIP -12/20/00--01083--020  
\*\*\*\*200.00 \*\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard S. Doyle, President

X 10/18/00

Date

Daytime Phone #

X 7996967

FILED

00 DEC -5 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

65-0949302

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CR2E034 (9/99)