2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900098615 1. Entity Name					FILED Jan 18, 2000 8:00 am Secretary of State			
PLATINUI	M REALTY GROUP, P.A.				Secreta 01-18-2000 9	-		e
19200 000112:::: 52.5.		Mailing Address 10205 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411-4307		1				
110 1772 771211 01					1 1867/881 188 1848 1841 EE1H S		. 1 2 11 2 3 11 3 1 11 2 1	
2. Principal Pl	ace of Business LAKE WOLTH RD # etc	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number		<u> </u>	plied For
JAKE (Zip 33463	JORTH FL Country 1)5A	Zip	Country		65-096-09 Certificate of Status Desire	, n \$	8.75 Addi	
77/63	6. Name and Address of Current F	Registered Agent		7.	Name and Address of Nev			
9313	GIS, DEBRA A SPANISH MOSS ROAD EAST	-2	Name Street Ac		HILLEM (Box Number is Not Accepta			*********
LAKE	WORTH EL-83467	~			SOUTHERN	BLUD.	, Zip Code	
					ILM BEACH	<u> </u>	334	
8. The above	named entity adomits this statement for	the purpose of changing its re	gistered office or	registered aç	gent, or both, in the State of	Florida.	/2000	
SIGNATURE	Signature typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signatu	re required when o	reinstating)	DATE (
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00	10. Election Campaign Trust Fund Contribu			O May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.		DDITIONS/CHANGES TO			
TITLE NAME	PD GROGIS, DEBRA A	Delete	TITLE NAME	PRESID	MI, NICHOLAS		☆ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	9313 SPANISH MOSS ROAD EA LAKE-WORTH FL 33467		CITY-ST-ZIP		SOUTHERN BLUD. PALM BEACH, FL	33411		
TITLE NAME	STD CHILLEMI, NICHOLAS	☐ Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	10205 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411		STREET ADDRESS CITY-ST-ZIP				[7] Change	- Addition
TITLE NAME	and the second s	☐ Delete	NAME		t e e e e emperatura		Change	Addition
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			· ·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
13. I hereby	Dertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee embor or on an attachment with an address of	this filing does not qualify for the true and accurate and that my owered to execute this report as with all other like empowered.	ne exemption stat	ted in Section ave the same opter 607, Flo	n 119.07(3)(i), Florida Statut e legal effect as if made und rida Statutes; and that my r	es. I further cert der oath; that I a ame appears in	ify that the ir m an officer Block 11 or	nformation or director Block 12 if