

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90026 024 ***150.00

DOCUMENT # P99000098615

1. Entity Name
PLATINUM REALTY GROUP, P.A.

Principal Place of Business

6801 LAKE WORTH RD
LAKE WORTH FL 33463
US

Mailing Address

10205 SOUTHERN BLVD.
ROYAL PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7681 Lake Worth Rd

Suite, Apt. #, etc.

Lake Worth 1

City & State

FLA 33467

Zip

33467

Country

USA

3. Mailing Address

7681 Lake Worth Rd

Suite, Apt. #, etc.

Lake Worth

City & State

Florida

Zip

33467

Country

USA

4. FEI Number 65-0960911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHILLEMI, NICK
10205 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

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

7681 Lake Worth Rd

City

Lake Worth

FL

Zip Code

33467

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 Nick Chillemi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-02

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, 2002 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

TITLE **P** ☐ Delete
NAME **NICHOLAS, CHILLEMI**
STREET ADDRESS **10205 SOUTHERN BLVD.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Nick Chillemi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-795-8600

Date

Daytime Phone #

CR2E034 (9/01)