

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90061 047 \*\*\*150.00

0021265 AV

**DOCUMENT # P00000057659**  
 1. Entity Name  
**PLATINUM TRADING CO., INC.**

Principal Place of Business <b>4800 S.W. 51ST STREET          SUITE 106          DAVIE FL 33314</b>	Mailing Address <b>4800 S.W. 51ST STREET          SUITE 106          DAVIE FL 33314</b>
--	--



2. Principal Place of Business <b>4100 North Powerline Road</b>	3. Mailing Address <b>4100 North Powerline Road</b>
Suite, Apt. #, etc. <b>J 5</b>	Suite, Apt. #, etc. <b>J 5</b>
City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33073</b>	Country <b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1016187</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAMAN, MYRA          4800 S.W. 51ST STREET          SUITE 106          DAVIE FL 33314</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4100 North Powerline Road</b> <b>Suite J 5</b> City <b>Pompano Beach FL</b> Zip Code <b>33073</b>	

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 **MYRA MAMAN** DATE **01/10/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAMAN, ANDRE</b> <b>4800 S.W. 51ST STREET</b> <b>DAVIE FL 33314</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4100 North Powerline Road, suite J 5</b> <b>Pompano Beach, FL 33073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>STD</b> <b>SCHWARTZ, SAMUEL</b> <b>4800 SW 51ST STREET STE 106</b> <b>FORT LAUDERDALE FL 33314</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MYRA MAMAN** DATE **01/10/2002** DAYTIME PHONE # **954-5902575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)