

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90188 045 \*\*\*150.00

**DOCUMENT # P98000082886**

1. Entity Name  
**PRISMA COLORS CORP.**

Principal Place of Business 8203 N.W. 66TH ST. MIAMI FL 33166	Mailing Address 8203 N.W. 66TH ST. MIAMI FL 33166-2721
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4139 NW 135th St. Suite, Apt. #, etc.	3. Mailing Address 4139 NW 135th St. Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida
Zip 33054	Zip 33054
Country USA	Country

4. FEI Number 65-0864628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, KARLA L**  
 8203 N.W. 66TH ST.  
 MIAMI FL 33166

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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: Karla Perez (NOTE: Registered Agent signature required when reinstating) DATE: 2/15/00

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 \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD AVILA, GERALDO S 8203 N.W. 66TH ST. MIAMI FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ANDARCIA, MARIA E</del> 4139 NW 135th St	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD PEREZ, KARLA L 8203 N.W. 66TH ST. MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perez, KARLA L 4139 NW 135th St. Miami, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDARCIA, MARIA E 4139 NW 135th St. Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karla Perez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 2/15/00  
 Daytime Phone #: (305) 687-0004

CR2E034 (9/99)