


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000082886

1. Entity Name  
Prisma Colors Corp.



**FILED**  
03 FEB 19 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200013628372  
03/06/03--01050--017 \*\*158.75  
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8286 NW 66 St  
Suits, Apt. #, etc.

3. Mailing Address  
8286 NW 66 St.  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33164

Country  
USA

Zip  
33164

Country  
USA

4. FEI Number  
65-0864628

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Karla Perez

Street Address (P.O. Box Number is Not Acceptable)  
4890 NW 102 Ave # 101

City  
Miami

State  
FL

Zip Code  
33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Karla Perez DATE: 1/31/03

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE <u>President</u>	NAME <u>Karla Perez</u>	STREET ADDRESS <u>8286 NW 66 St.</u>	CITY-STATE-ZIP <u>Miami, FL 33166</u>
TITLE <u>Vice - President</u>	NAME <u>Carlos A. Perez</u>	STREET ADDRESS <u>8286 NW 66 St.</u>	CITY-STATE-ZIP <u>Miami, FL 33166</u>
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like errors corrected.

SIGNATURE: Karla Perez DATE: 1/31/03 (305) 639-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)