

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90300 030 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000024256
1. Entity Name
 PRISM OF SOUTH FLORIDA INC.

Principal Place of Business 2413 HARDING ST.
 HOLLYWOOD FL 33020
Mailing Address 2413 HARDING ST.
 HOLLYWOOD FL 33020

2. Principal Place of Business 5900 SW 44TH ST
 Suite, Apt. #, etc.
3. Mailing Address 5900 SW 44TH ST
 Suite, Apt. #, etc.

City & State DAVIE FL
Zip 33314 **Country** USA
City & State DAVIE FL
Zip 33314 **Country** USA

4. FEI Number 65-0993134 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 COOPER, MICHAEL
 2413 HARDING ST.
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name MICHAEL COOPER
Street A 11681 SW 3RD ST
City PLANTATION FL **Zip** 33325

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 *Ashley Cooper* **DATE** 3/12/02
(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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO COOPER, MICHAEL 2413 HARDING STREET HOLLYWOOD FL 33020	TITLE	P.O. COOPER, MICHAEL 11681 SW 3RD ST PLANTATION FL 33325
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	TREASURER ASHLEY COOPER 11681 SW 3RD ST PLANTATION FL 33325
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Ashley Cooper* **DATE** 3/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)