

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

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90008 045 ***150.00

DOCUMENT # **P000 000 29428**

1. Entity Name

PRISM ELEVEN, INC. ✓

DO NOT WRITE IN THIS SPACE

973806

2. Principal Place of Business

3. Mailing Address

9107 NW 31st Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sunrise, FL

4. FEI Number

65-0997963

Applied For

Not Applicable

Zip

Country

Zip

Country

33351

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gass, Daniel G.

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

10001 NW 50th St., Ste. 204

City

Sunrise, FL

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Davis, Debbie
9107 NW 31st Place
Sunrise, FL 33351**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Debbie Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

973806

P000 00029428

August 07, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement Notification.

To Whom it May Concern:

After reviewing my records it has come to my attention that I did not receive the 2002 Uniform Business Report for my corporation. I called your department to alert them of the problem. I spoke to a representative that kindly agreed to a "one-time" waiver of reinstatement fee. I was instructed to send a payment of \$150.00 for reinstatement of my corporation, Prism Eleven Inc. Thank you.

Respectfully,



Debbie Davis
Prism Eleven, Inc.
9107 N.W. 31st Place
Sunrise, FL 33351