FROM : UNIVERSAL-FAX-CENTER PHONE NO. : 7183202229

May 22 01 09:49a Universal Fax Center 561-41

FILED
May 29, 2001 8:00 am
Secretary of State
05-01-2001 90089 005 ***150.00

5/1/01-90089-005

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116558

1. Entity Name

PRISM MOON PROPERTIES, INC.

5742

Principal Place of Business	Mailing Address
2000 GLADES ROAD STE 208 BOCA RATON FL 33431	2000 GLADES ROAD STE 208 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
931 Gardenia Dr.	P.O. Box 272
Suite, Apt. #, etc.	Suite, Apt. #, etc. Boca Raton
City & State Delray Bch FL	City & State Florida
Zip 33444 Country USA	Zip 33429 Country US

4. FEI Number 65-1093445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLEY, MICHAEL R
2000 GLADES ROAD STE 208
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name J. Alessandro
Street Address (P.O. Box Number is Not Acceptable) 931 Gardenia Dr
Suite 466
City Delray Bch FL Zip Code 33444

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 ____________________ DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	J. Alessandro Pres 931 Gardenia Dr. Delray Bch FL 33484 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: ____________________ 3/29/01
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #