

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90448 007 ***150.00

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

DOCUMENT # PD1000104515
 1. Entity Name
PRV Electronics, Inc.

80064343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12360 S.W. 132 Ct.
 Suite, Apt. #, etc.
#214
 City & State
Miami FL
 Zip
33186 Country
U.S.A.

3. Mailing Address
 Suite, Apt. #, etc.
(same)
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-114967 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
Peter Evans
 Street Address (P.O. Box Number is Not Acceptable)
12360 S.W. 132 Court # 214
 City
Miami FL Zip Code
33186

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 _____
Signature, typed or printed name of registered agent and title if applicable (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)

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	<u>DCP Peter Evans 12360 S.W. 132 Court # 214 Miami, FL 33186</u>
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02 32-471-
1759
 Date Daytime Phone #

CR2E334E (12/01)