

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 028 ***150.00

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

DOCUMENT # P95000011381 (7)
1. Entity Name PRISM ELECTRONIC SYSTEMS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5430 SW 40TH STREET Suite, Apt. #, etc.		3. Mailing Address 5430 SW 40TH STREET Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33314	Country USA	Zip 33314	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0655223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHEGARAY, JOSE L 5430 SW 40TH STREET DAVIE FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOZZO, WILFREDO J 5430 SW 40TH STREET DAVIE FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DA SILVA, JOAQUIN 5430 SW 40TH STREET DAVIE FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUGGIERO, PASCUAL 5430 SW 40TH STREET DAVIE FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-09-03