

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043900

1. Entity Name

PRISM WORLDWIDE, INC.

Principal Place of Business

2875 N.E. 191ST STREET., SUITE 402
AVENTURA FL 33180

Mailing Address

2875 N.E. 191ST STREET., SUITE 402
AVENTURA FL 33180

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0674331

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMAN, GARY M
% BROAD AND CASSEL
201 S. BISCAYNE BOULEVARD., SUITE 3000
MIAMI FL 33131

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.

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)



FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PST
NAME FLETCHER, HAROLD
STREET ADDRESS 2875 N.E. 191ST STREET., SUITE 402
CITY-ST-ZIP AVENTURA FL 33180



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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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: HAROLD C. FLETCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 305-933-0222
Date Daytime Phone #

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90018 010 ***558.75



DO NOT WRITE IN THIS SPACE

CF 10-2-0001