

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052283

1. Entity Name
PRISM PROPERTIES, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90185 037 ***150.00

Principal Place of Business

4411 BEACON CIR
STE 1A
WEST PALM BEACH FL 33407

Mailing Address

4411 BEACON CIR
STE 1A
WEST PALM BEACH FL 33407

2. Principal Place of Business

40 PHILIPPE BRIAN 205 WORTH AVE

3. Mailing Address

40 PHILIPPE BRIAN 205 WORTH AVE

Suite, Apt. #, etc.

307C

Suite, Apt. #, etc.

307C

City & State

Palm Beach

City & State

Palm Beach

Zip

33480

Country

Palm Beach

Zip

33480

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952372

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

BRIAN, PHILIPPE
4411 BEACON CIR
WEST PALM BEACH FL 33407

Name PHILIPPE T. BRIAN

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

205 WORTH AVENUE

SUITE 307C

City PALM BEACH

FL

Zip Code 33480

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 *Philippe J. Brian*

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

(NOTE: Registered Agent signature required when reinstating)

01/31/01

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 \$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 DPT
NAME ACAR, ABDULLAH
STREET ADDRESS 146 VINTAGE ISLE BALLEU FOLES
CITY-ST-ZIP WEST PALM BEACH FL 33418 ☐ Delete

TITLE DPT
NAME ABDULLAH ACAR
STREET ADDRESS 146 VINTAGE ISLES LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☒ Change ☐ Addition

TITLE S
NAME BRIAN, PHILIPPE J
STREET ADDRESS 4411 BEACON CIR STE 1A
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE S
NAME PHILIPPE T. BRIAN
STREET ADDRESS 205 WORTH AVENUE SUITE 307C
CITY-ST-ZIP PALM BEACH FL 33480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Philippe J. Brian PHILIPPE BRIAN

Secretary 01/31/01 561 835 1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)