2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M93469** Mar 10, 2000 8:00 am 1. Entity Name Secretary of State PYRAMID LEASING, INC. 03-10-2000 90021 002 ***150.00 Mailing Address Principal Place of Business % COBRA CONST. INC % COBRA CONST. INC 1471 NEPTUNE DR 1471 NEPTINE DR BOYNTON BEACH FL 33426-8405 **BOYNTON BEACH FL 33426** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc City & State City & State 4. FEI Number Applied For 65-0089076 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPADA, RONALD M. Street Address (P.O. Box Number is Not Acceptable) 9651 VIA EMILIE **BOCA RATON FL 33428** Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPT ☐ Change ☐ Addition □ Defete TITLE SPADA, RONALD M. NAME NAME STREET ADDRESS STREET ADDRESS 9651 VIA EMILIE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition **VDS** Change TITLE ☐ Delete TITLE SPADA, JOSEPH R. NAME NAME STREET ADDRESS STREET ADDRESS 841 N.E. 69TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** Change ☐ Addition TITLE ☐ Delete DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. KONAID M.SPADA.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO