

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030157

1. Entity Name

PYRAMID OIL CORP.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90064 011 ***150.00

Principal Place of Business

Mailing Address

2900 OKEECHOBEE BLVD
 WEST PALM BEACH FL 33409
 US

18145 SE HERITAGE DR.
 TEQUESTA FL 33469-1438

2. Principal Place of Business

3. Mailing Address

2900 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach,

4. FEI Number

65-0743659

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33409

Palm Beach

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

HABIB, MARK S
 18145 SE HERITAGE DR.
 TEQUESTA FL 33463

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 \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HABIB, STELLA S	18145 SE HERITAGE DR.	TEQUESTA FL 33463	<input type="checkbox"/>
D	HABIB, MARK S	18145 SE HERITAGE DR.	TEQUESTA FL 33463	<input type="checkbox"/>
D	HABIB, MARY-HELEN S	18145 SE HERITAGE DR.	TEQUESTA FL 33463	<input type="checkbox"/>
D	YOUNES, SELIM H	18145 SE HERITAGE DR.	TEQUESTA FL 33463	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HABIB, MARK	104 Hampton Cr	Jupiter, FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00
 Date

561-478 8899
 Daytime Phone #

CR2E034 (9/99)