

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **457125**

1. Entity Name

PYRAMID CONSTRUCTION & DESIGN INC.

Principal Place of Business

Mailing Address

**608 HAMPTON AVE
TALLAHASSEE, FL 32310**

APPROVED
AND
FILED

00 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

TALL FL

Suite, Apt. #, etc.

608 HAMPTON

City & State

TALL FL

Zip

32310

Country

LEON

3. Mailing Address

TALL FL

Suite, Apt. #, etc.

608 HAMPTON

City & State

TALL FL

Zip

32310

Country

LEON

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2526521

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

Name

WESER KHUFU

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

608 HAMPTON

City

TALL FL

FL

Zip Code

32310

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 **WESER RA KA KHUFU**

Weser Ra Ka Khufu

5/1/2000

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

TITLE	D	WESER KHUFU	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		608 HAMPTON AVE	
CITY-ST-ZIP		TALL FL 32310	
TITLE	D	KERMIT WASHINGTON	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		608 HAMPTON AVE	
CITY-ST-ZIP		TALL FL 32310	
TITLE	D	CANDY WASHINGTON	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		608 HAMPTON AVE	
CITY-ST-ZIP		TALL FL 32310	
TITLE	D	ABRAHAM WASHINGTON	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		608 HAMPTON AVE	
CITY-ST-ZIP		TALL FL 32310	
TITLE	D	FRANK WANZA	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		608 HAMPTON AVE	
CITY-ST-ZIP		TALL, FL 32310	
TITLE	D	EARL WASHINGTON	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		608 HAMPTON AVE	
CITY-ST-ZIP		TALL, FL	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Weser Ra Ka Khufu**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/2000 **80681-3760**

Date

Daytime Phone #

CR2E034 (9/99)