2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

F00000005784 DOCUMENT

1. Entity Name

01-08-2003 90034 038 ***150.00

FILED

Jan 08, 2003 8:00 am Secretary of State

PYRAMIDE ENTERPRISE INC.

Principal Place of Business 19999 EAST COUNTRY CLUB DRIVE. #302 **AVENTURA FL 33180**

2. Principal Place of Business

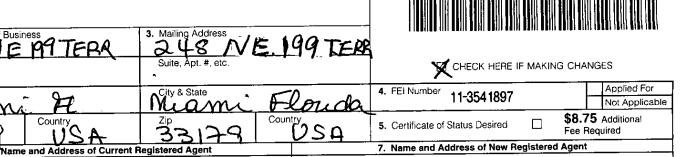
City & State

SIGNATURE

Mailing Address

19999 EAST COUNTRY CLUB DRIVE. #302

AVENTURA FL 33180



LAMARRE, MARGARETT 19999 EAST COUNTRY CLUB DRIVE, #302 AVENTURA FL 33180

7. Name and Address of New Negistered Agent			
Name			
Street Address (P.O. Box Number is Not Accep	itable)		
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. 1 am familiar with,	and accept
the igations of registered agent.	

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change Change TITLE Delete TITLE NAME Lamarre, Margarett NAME 19999 EAST COUNTRY CLUB DRIVE, #302 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if an address, with all other like e changed, or on an attachment w

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Delete

Daytime Phone #

Change

Addition

CR2E034 (10/02)