## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # M11178 1. Entity Name PYRAMID INVESTMENT GROUP, INC. 04-26-2001 90254 033 \*\*\*158.75 Mailing Address Principa. Place of Business 13200 S.W. 128 ST 13200 S.W. 128 ST BLDG G BLDG G MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2506425 Not Applicable Z:p Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTIERREZ, JOSE A. Street Address (P.O. Box Number is Not Acceptable) 11787 S.W. 93RD TERRACE **MIAMI FL 33186** 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and titlo 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition GUTIERREZ, JOSE A. NAME NAME STREET ADDRESS 13200 S.W. 128ST BLDG G STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP MIAMI FL Deiete TITLE TITLE ☐ Change Addition **GUTIERREZ, TANIA** NAME. NAME STREET ADDRESS STREET ADDRESS 13200 S.W. 128 ST, BLDG G CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Celete TITLE Change | Addition NAME NAME STREE: ADDRESS STREET ADDRESS CITY-ST-Z!P CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLS ☐ Delete TITLE ☐ Change Addition VAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forida 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.

CR2E034 (10/00)