

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037927

1. Entity Name

PYRAMID NUTRITION CORPORATION

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90097 038 \*\*\*150.00

Principal Place of Business

1200 CLINTMORE  
SUITE 11  
BOCA RATON FL 33064  
US

Mailing Address

1200 CLINTMORE  
SUITE 11  
BOCA RATON FL 33487-2731  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0679525

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTHMAN, LEE M  
2295 CORPORATE BLVD NW STE 134  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name CHRISTINE DRANGSHOLT

Street Address (or P.O. Box Number if State Applicable)  
1100 SE 14th Ave

City Deerfield Beach FL Zip Code 33441

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DO	REICHBACH, CARY	6096 GLENDALE DR	BOCA RATON FL
DO	CEO		
DRANGSHOLT, CHRISTINE		1100 SE 14TH AVE	DEERFIELD BEACH FL
REICHBACH, JODY		625 NE 11TH AVE	POMPANO BEACH FL

☐ Delete

☒ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27-00 561-241-2200