

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90324 027 ***150.00

DOCUMENT # P96000037927

1. Entity Name

PYRAMID NUTRITION CORPORATION

Principal Place of Business

**1200 CLINTMORE
 SUITE 11
 BOCA RATON FL 33064
 US**

Mailing Address

**1200 CLINTMORE
 SUITE 11
 BOCA RATON FL 33487
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**DRANGSHOLT, CHRISTINE
 1100 SE 14TH AVE
 DEERFIELD BEACH FL 33441**

Name

CARY REICHBACH

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

**1200 CLINT MOORE RD
 SUITE # 11**

City

BOCA RATON

FL

Zip Code

33487

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

Cary Reichbach, **PRESIDENT**

4.9.01

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, 2001 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	DO			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	REICHBACH, CARY	6096 GLENDALE DR	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	0			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DRANGSHOLT, CHRISTINE	110 SE 14TH AVE	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	0			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	REICHBACH, JODY	625 NE 11TH AVE	POMPANO BEACH FL	<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"/>
				<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)(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:

Cary Reichbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.01

Date

561-241-2700

Daytime Phone #

CR2E034 (10/00)