2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

FILED DOCUMENT # **P9700006549** May 17, 2000 8:00 am Secretary of State PYRAMID DEVELOPMENT CORPORATION 05-17-2000 90874 030 ***150.00 Mailing Address Principal Place of Business 11682 MELLOW COURT 11682 MELLOW COURT ROYAL PALM BEACH FL 33411-9125 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0712221 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SZWED, JOHN Street Address (P.O. Box Number is Not Acceptable) 11682 MELLOW COURT ROYAL PALM BEACH FL 33411 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE SZWED, ALEKSIN NAME STREET ADDRESS 9540 SEPULVEDA BLVD. UNIT 6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO HILLS CA 91343 ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME SZWED, JOHN NAME STREET ADDRESS STREET ADDRESS 11682 MELLOW COURT CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** Addition - Change ☐ Delete TITI F TITLE SZWED, SOPHIE NAME STREET ADDRESS STREET ADDRESS 20 DICK ST CITY-ST-ZIP CITY-ST-ZIP **CLIFTON NJ 07013** ☐ Change ☐ Addition D ☐ Delete TITLE TITLE NAME SZWED, HENRY NAME STREET ADORESS 20 DICK ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CLIFTON NJ 07013** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR