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

## **PYRAMID**

DOCUMENT # 1. Entity Name	P97000006549					
PYRAMID DEVELOPMENT CORPORATION						
Principal Place of Business	Mailing Address					

P97000006549

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90019 035 \*\*\*150.00

11682 MELLOW COURT ROYAL PALM BEACH FL 33411		11682 MELLOW COURT ROYAL PALM BEACH FL 33411							Piria ikii iari			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	 ☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	4. FEI Number NOT APPLICABLE			pplied For ot Applicable	,	
Zip	-	Country -	Zip Country				5.	5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current	Registered	Agent			7.	Name and Address of New Re	gistered /	\gent		]
					Nam	Name						
SZWED, JOHN 11682 MELLOW COURT				Stree	Street Address (P.O. Box Number is Not Acceptable)						1	
ROYAL PALM BEACH FL 33411											-	1
			<b>.</b>		City				FL	Zip Coo	le	]
	e named entit tions of regist		r the purpos	e of changing its	registered offic	e or registe	ered ag	gent, or both, in the State of Flori	da. I am f	amiliar with,	and accept	ĺ
dio obliga	alona or rogio	,				•						
SIGNATURE								<del></del>				
	Signature, typed	or printed name of registered agent a	and title it applica	able. (NOTE	Registered Agent si	gnature require	ed when re	reinstating)	DATE	-		4
1		!! FEE IS \$150.00						9. Election Campaign Fina	ncina	\$5.0	<b>0</b> May Be	
		03 Fee will be \$550.00 o Florida Department of	State					Trust Fund Contribution.			d to Fees	
10.	·	OFFICERS AND	<u></u>		11.		ΔΓ	L DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	9 IN 11	$\dashv$
TITLE	T	OTTIOENS AND	DINECTOR	☐ Delete	TITLE	77	/5/1	VP		Change	Addition	13
NAME	SZWED, A	LEKSIN		□ beide	- NAME	5-	7 W	ed. Aleksin		- January Congo		
STREET ADDRESS	847 LINKS	S VIEW DRIVE			STREET ADDRE	8 84	7 4	raks View Dr.				
CITY-ST-ZIP	SIMI VALL	EY CA 93065			CITY-ST-ZIP	50	mi	ed, Aleksin inks Viensor. Valley, CA. 930	55			
TITLE	P	_		☐ Delete	TITLE			<b>-</b> /'		☐ Change	Addition	ij
NAME	SZWED, J				NAME							
STREET ADDRESS CITY-ST-ZIP		LLOW COURT NLM BEACH FL 33411			STREET ADDRE	SS						
ļ	D	NUM DEACH FL 33411			<del></del>			<del></del>	<u></u>	Change	☐ Addition	┥
TITLE NAME	SZWED, S	ODHIE		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	20 DICK S				STREET ADDRE	SS						
CITY-ST-ZIP	CLIFTON I				CITY-ST-ZIP							
TITLE	VP			☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME	SZWED, H				NAME						•	
STREET ADDRESS		ER AVENUE			STREET ADDRE	SS						1
CITY-ST-ZIP	GLEN RID	GE NJ 07028			CITY-ST-ZIP					<del>-</del>		4
TITLE				☐ Delete	TITLE					Change	☐ Addition	}
NAME STREET ADDRESS	1				NAME STREET ADDRES	·e						1
CITY-ST-ZIP					CITY-ST-ZIP	ю						

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

352-337S

☐ Addition