

JO UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90003 020 ***400.00
 06-20-2000 90007 010 ***150.00

DOCUMENT # P97000024545 (0)
 Entity Name Pyramid Sphere, Inc.

Principal Place of Business Mailing Address
 30 7 Street 17131 NW 44 Avenue
 Ste 7 Opa Locka, FL 33055
 Lake Park, FL 33403

Principal Place of Business 3. Mailing Address
 230 7 Street Ste 7 17131 NW 44 Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Lake Park, FL Opa Locka, FL
 33403 33055
 Country Country
 Palm Bch Miami-Dade

4. FEI Number 65-0733143
 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Curtis Brooks
 230 7 Street
 Ste 7
 Lake Park, FL 33403

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

If corporation is eligible to satisfy its intangible 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD <input type="checkbox"/> Delete Curtis Brooks 230 7 Street Ste 7 Lake Park, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

I 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 stated 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE *Curtis Brooks*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone