

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90033 014 \*\*\*150.00

DOCUMENT # P98000024827

1. Entity Name

PYRAMID PERFORMANCE, INC.

Principal Place of Business

14526 SW 142ND PL CIR  
MIAMI FL 33186

Mailing Address

14526 SW 142ND PL CIR  
MIAMI FL 33186

2. Principal Place of Business

3631 Ponce de Leon Blvd  
Suite, Apt. #, etc.

3. Mailing Address

3631 Ponce de Leon Blvd  
Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-0826800

Applied For

Not Applicable

Zip

FL 33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEITEL, SUSAN A.  
14526 SW 142ND PLACE CIRCLE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name Teitel, Susan A.  
Street Address (P.O. Box Number is Not Acceptable)  
3631 Ponce de Leon Blvd  
City CORAL GABLES FL Zip Code 33134

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

*Susan A. Teitel*

4/5/01

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

TITLE D ☐ Delete  
NAME TEITEL, SUSAN A.  
STREET ADDRESS 14526 SW 142ND PLACE CIR  
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ Delete  
NAME HULETT, DALE  
STREET ADDRESS 14526 SW 142ND PLACE CIRCLE  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Teitel, Susan  
STREET ADDRESS 3631 Ponce de Leon Blvd  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D ☒ Change ☐ Addition  
NAME Hulett, Dale  
STREET ADDRESS 3631 Ponce de Leon Blvd  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

*Susan A. Teitel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)