

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 SEP 10 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060225

1. Entity Name  
PYRAMIDE EXPRESS, INC.



Principal Place of Business  
4615 NW 72ND AVE  
SUITE 109  
MIAMI, FL 33166

Mailing Address  
4615 NW 72ND AVE  
SUITE 109  
MIAMI, FL 33166

2. Principal Place of Business

8591 NW 186 Street  
Suite, Apt. #, etc.  
178

3. Mailing Address

8591 NW 186 Street  
Suite, Apt. #, etc.  
178

City & State

Miami FL

City & State

Miami FL

Zip  
33015

Country

U.S.A.

Zip  
33015

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0931269

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOURRA, MUNIR  
4615 NW 72ND AVE  
SUITE 109  
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name  
MUNIR MOURRA

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

8591 NW 186 Street Suite 178

City  
Miami

FL

Zip Code

33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

09/08/03  
DATE

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MOURRA, MUNIR J  
4615 NW 72ND AVE SUITE 109  
MIAMI, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MOURRA, MUNIR ☒ Change ☐ Addition  
8591 NW 186 Street Suite 178  
Miami FL 33015

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500022929645  
09/10/03--01052--003 \*\*550.00

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

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

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

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 807, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MUNIR MOURRA PRES. 09/08/03 786-277-0816

Date

Revised Page 4

CR2004 (10/02)