

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95811

1. Entity Name  
PYRAMID PROPERTIES AND INVESTMENTS, INC.

Principal Place of Business  
1209 W ADALEE  
TAMPA FL 33603

Mailing Address  
1209 W ADALEE  
TAMPA FL 33603

2. Principal Place of Business  
6800 N Dale Mabry Hwy  
Suite, Apt. #, etc.  
Suite # 154  
City & State  
Tampa, FL  
Zip  
33614  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

FILED  
Sep 18, 2001 8:00 am  
Secretary of State

09-18-2001 90010 036 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3108076 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
MARTINEZ, NERI L.  
3106 N ROME AVE  
TAMPA FL 33607

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. ADD, DELETE, OR CHANGE OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P. CICCONI CICCONI, JERRY A 1209 W ADALEE TAMPA FL		Anthony F. Mariscalco 13722 Chastanall Dr Tampa, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S. MARTINEZ, NERI L 3106 N ROME AVE TAMPA FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VT LABRUZZO, JOE M 824 E FLETCHER AVE TAMPA FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: 9/10/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
813-223-3794  
813-290-8463

0085128 AV

CR2E034 (5/01)