2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S95811 **DOCUMENT #**

1. Entity Name

PYRAMID PROPERTIES AND INVESTMENTS, INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90177 026 ***150.00

Principal Plac 6800 N DALE SUITE 154 TAMPA FL 33		1209 V	Address ADALEE FL 33603							
2. Principal F	Place of Business	3. Maili	ng Address				1	105 HUL D16H UE	IN COUNT DIGIT T	IIDIA DIDAH KEDA
2810	W St Isabel	281	2810 W St Isabel							
Suite, Apt.			, Apt. #, etc.				☐ CHECK HERE	IE MAKING	CHANGES	
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City & Stat	te		3 State			4. FI	El Number 59-3108076		A	pplied For
Tampa	. FL	Tami	pa, FL				39 0 100010		N	ot Applicable
Zip	Country	Zip		Country		<u>-</u> 0			\$8.75 Ad	ditional
33607	Hillsboroug	h 336	0.7	Hille	boroug	յ ծ . ∪	ertificate of Status Desired		Fee Require	
	6. Name and Address of Curren	t Registered	d Agent		rur vug	7. N	ame and Address of New F	legistered A	gent	
MARTINEZ	z, neri L				ame	(D.O. D.	No.			
3106 N R	OME AVE		Street Addre			ss (P.O. Box Number is Not Acceptable)				
TAMPA FL										
	<u>.</u>			Ci	ity			FL	Zip Coo	le
	e named entity submits this statement f tions of registered agent.	or the purpo	se of changing its	registered of	fice or registe	red age	ent, or both, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if appli	cable. (NOTE	: Registered Ager	nt signature required	d when rein	nstating)	DATE		
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	·					Election Campaign Fin Trust Fund Contribution			10 May Be
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Make Check 10.	OFFICERS AND		RS .	11.		ADE	DITIONS/CHANGES TO OFF		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: