

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052118

1. Entity Name

TINY TREASURES EARLY LEARNING #2, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90014 016 ***558.75

Principal Place of Business

4800 23 STREET N
 WEST PALM BEACH FL 33417

Mailing Address

4800 23 STREET N
 WEST PALM BEACH FL 33417-3916

2. Principal Place of Business

920 Town Hall
 Suite, Apt. #, etc.

3. Mailing Address

7939 Manor Forest Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jupiter, Florida
 Zip 33458 Country USA

City & State

Boynton Bch, FL
 Zip 33436 Country USA

4. FEI Number

65-0605778

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINCAID, MICHELE A
 4800 23 STREET N
 WEST PALM BEACH FL 33417

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

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	KINCAID, MICHELE A	
STREET ADDRESS	2203 CARIB CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VT	☐ Delete
NAME	MAXWELL, KATHERYN	
STREET ADDRESS	7939 MANDR FOREST BLVD.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PS	☐ Delete
NAME	KINCAID, MICHELE A	
STREET ADDRESS	2203 CARIB CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	☒ Change ☐ Addition
NAME	MAXWELL, KATHERYN	
STREET ADDRESS	7939 Manor Forest Blvd	
CITY-ST-ZIP	Boynton Beach, FL 33436	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michele A. Kincaid
 Michele A. Kincaid
 6/23/2000 561-351-7966