

2001. UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90068 017 ***150.00

DOCUMENT # P37842

1. Entity Name

LE PETIT CAROUSEL, INC.

Principal Place of Business

Mailing Address

51 NOTTINGHAM TERRACE
BUFFALO NY 14216**51 NOTTINGHAM TERRACE**
BUFFALO NY 14216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-0927971**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****WYCKOFF, SHELBY DE PEYSTER**
315 PENDLETON LANE
PALM BCH. FL 33480

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CDP		<input type="checkbox"/> Delete		owner - president		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	WYCKOFF, SHELBY DE PEYST	51 NOTTINGHAM TERRACE	BUFFALO NY		Shelby de P. Wyckoff	315 Pendleton Lane	Palm Beach Fla. 33480
	VP		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NUSSBAUMER, JUDY	51 CLEVELAND AVENUE	BUFFALO NY				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ST		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WYCKOFF, CLINTON R., III	51 NOTTINGHAM TERRACE	BUFFALO NY				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VCD		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WYCKOFF, CLINTON R., III	51 NOTTINGHAM TERRACE	BUFFALO NY				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01
Date561-655-2725
716-873-7672
Daytime Phone #

CR2E034 (10/00)