

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008614

1. Entity Name  
TREASURED ITEMS INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90144 044 \*\*\*150.00

Principal Place of Business  
5000 TAMiami TRAIL  
CHARLOTTE HARBOR FL 33980

Mailing Address  
25245 ZODIAC LANE  
PUNTA GORDA FL 33983  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0726857

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERMAN, AUDREY  
25245 ZODIAC LANE  
PUNTA GORDA FL 33983

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 *Audrey Silberman*

(NOTE: Registered Agent signature required when reinstating)

3/21/01  
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 State**

10. 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 P  
NAME SILBERMAN, AUDREY  
STREET ADDRESS 25245 ZODIAC LANE  
CITY-ST-ZIP PUNTA GORDA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME FELDMAN, MARK  
STREET ADDRESS 254 WEST 51ST STREET  
CITY-ST-ZIP NEW YORK NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Audrey Silberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01  
Date

(941) 625-5256  
Daytime Phone #

CR2E034 (10/00)