

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030162

1. Entity Name

PALM BEACH TRASH AND TREASURES INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90003 014 ***150.00

Principal Place of Business

Mailing Address

YESTERDAY'S ANTIQUE MALL C/O PHYLLIS SMALL
P.O. BOX 732
PALM BEACH FL 33480
Palm Beach
TRASH AND TREASURES

YESTERDAY'S ANTIQUE MALL C/O PHYLLIS SMALL
P.O. BOX 732
PALM BEACH FL 33480

000101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

237 Sunrise Ave

3. Mailing Address

237 Sunrise Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Beach, Florida

Palm Beach, Florida

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

33480

P.B.

33480

U.S.A

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

SMALL, SUZETTA
150 BRADLEY PLACE
PALM BEACH 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 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 NAME STREET ADDRESS CITY-ST-ZIP	P SMALL, PHYLLIS P.O. BOX 732 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA SMALL, SUZETTA 150 BRADLEY PLACE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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:

Suzetta Small V Pres. RA

Date

Daytime Phone #

1-15-2001 561-833-5535

CR2E034 (10/00)