

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109277

1. Entity Name

THE PETITE CORPORATION

C/o Suzetta Small

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90033 033 ***158.75

Principal Place of Business

150 BRADLEY PL., APT. 307
PALM BEACH FL 33480

Mailing Address

*P.O. Box 1086
Palm Beach FL
33480*

2. Principal Place of Business

3. Mailing Address

P.O. Box 1086

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*307
Palm Beach, Florida*

Palm Beach Florida

33480

USA

33480

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALL, SUZETTA
150 BRADLEY PL., APT. 307
PALM BEACH FL 33480

Name

PHYLLIS SMALL

Street Address (P.O. Box Number is Not Acceptable)

150 Bradley Place

City

Palm Beach

FL

Zip Code

33480

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

Suzetta Small

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMALL, SUZETTA	
STREET ADDRESS	150 BRADLEY PL., APT. 307	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, PHYLLIS	
STREET ADDRESS	150 BRADLEY PL., APT. 307	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Suzetta Small
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-2000

561-833-2525

CR2E034 (9/99)