

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000101050**1. Entity Name
THE PERFECT COOKIE CO.**Principal Place of Business**C/O LUIS DIAZ
1960 EMILIO LANE
WEST PALM BEACH
33406

FL

Mailing AddressC/O LUIS DIAZ
1960 EMILIO LANE
WEST PALM BEACH
33406

FL

2. Principal Place of Business

C/O RUSSELL J. LOCANDRO IV

3. Mailing Address

C/O RUSSELL J. LOCANDRO IV

Suite, Apt. #, etc.
600 S.W. 71ST AVE.Suite, Apt. #, etc.
600 S.W. 71ST AVE.City & State
PEMBROKE PINES

FL

City & State
PEMBROKE PINES

FL

Zip
33023

Country

Zip
33023

Country

4. FEI Number
65-1050943

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSPIGLER KAREN J
499 N W 70TH AVENUE
SUITE 105
PLANTATION
33317

FL

US

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 _____ **04/30/2001**

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**TITLE T ☐ Delete
NAME DIAZ NORMA
STREET ADDRESS 1960 EMILIO LANE
CITY-ST-ZIP WEST PALM BEACH FL 33406TITLE VSD ☐ Delete
NAME LOCANDRO RUSSELL JIV
STREET ADDRESS 600 S W 71ST AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33023TITLE PD ☐ Delete
NAME DIAZ LUIS
STREET ADDRESS 1960 EMILIO LANE
CITY-ST-ZIP WEST PALM BEACH FL 33406TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: Russell J. Locandro IV

vsd

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)