

AMENDED
**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED

03 AUG 25 AM 8:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000100907



1. Entity Name
COOKIE'S PALACE, INC.

Principal Place of Business
 19111 COLLINS AVE #2607
 SUNNY ISLES, FL 33160

Mailing Address
 P.O. BOX 1268
 HALLANDALE, FL 33008-1268

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
60-0000484

Applied For
 Not Applicable

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

~~GERBER, DANIEL J ESQ~~
~~2675 N.E. 191 STREET~~
~~SUITE 801~~
~~AVENTURA, FL 33480~~

Name
Stephen A. Freeman

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

520 Brickell Key Drive, Suite 0-305

City **Miami**

FL Zip Code
33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

8/19/03

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Amended UBR is \$81.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **AMKIE, RAPHAEL**
 STREET ADDRESS **19111 COLLINS AVE #2607**
 CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **D / P** ☐ Change ☒ Addition
 NAME **Leonid Shubov**
 STREET ADDRESS **520 Brickell Key Drive, Suite 0-305**
 CITY-ST-ZIP **Miami, FL, 33131**

TITLE **D** ☒ Delete
 NAME **DE AMKIE, SABIE ELFON**
 STREET ADDRESS **19111 COLLINS AVE #2607**
 CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE ☐ Change ☐ Addition
 NAME **300022554433**
 STREET ADDRESS **08/25/03--01100--001 **61.25**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 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
Leonid Shubov, Director

8/19/2003 (305) 374-3800

DATE

Daytime Phone #

CR2E034 (10/02)

7 8/26