


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90126 043 ***150.00

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DOCUMENT # P02000086670	
1. Entity Name P & M BROWARD MALL COOKIE, INC.	

Principal Place of Business 10800 AVENIDA DEL RIO DELRAY BEACH FL 33446	Mailing Address 10800 AVENIDA DEL RIO DELRAY BEACH FL 33446
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2. Principal Place of Business 8000 WEST BROWARD BLVD Suite, Apt. #, etc. 5D12	3. Mailing Address 10126 SW 21ST STREET Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State PLANTATION, FL	City & State MIRAMAR, FL	4. FEI Number 52-2369854	Applied For <input type="checkbox"/> Not Applicable
Zip 33388	Country BROWARD	Zip 33025	Country BROWARD
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOHAN, PETER 10800 AVENIDA DEL RIO DELRAY BEACH FL 33446		7. Name and Address of New Registered Agent Name MOHAMMED ALAMGIR Street Address (P.O. Box Number is Not Acceptable) 10126 SW 21ST STREET City MIRAMAR FL Zip Code 33025	
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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 MOHAMMED ALAMGIR (MOHAMMED ALAMGIR), VP DATE 04-08-03

Signature, typed or printed, name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOHAN, PETER 10800 AVENIDA DEL RIO DELRAY BEACH FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALAMGIR, MOHAMMED 10126 SW 21ST STREET MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAHMAN, SHIREEN 10126 SW 21ST STREET MIRAMAR FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOHAMMED ALAMGIR (MOHAMMED ALAMGIR) DATE 04-08-03 DAYTIME PHONE # 954-473-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)