## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 15, 2001 8:00 am DOCUMENT # P96000035976 **Secretary of State** 1. Entity Name COOKIE ARRANGEMENT, INC. 03-15-2001 90028 006 \*\*\*150.00 Principal Place of Business Mailing Address 1655 FORUM PLACE 1655 FORUM PLACE WEST PALMBEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0698629 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Roberta F. Dinauer HOFER, DENNIS M Street Address (P.O. Box Number is Not Acceptable) 1655 FORUM PLACE 1655 Forum Place WEST PALM BEACH FL 33401 City Zip Code <u>West Palm Beach</u> 33401 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. Resignation of Dennis M Hofer Roberta F. Dinauer ature, typed or printed name of registered agent and title if applicable. <del>03/12/</del>01 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change Addition NAME DINAUER, ROBERTA NAME STREET ADDRESS STREET ADDRESS 1655 FORUM PLACE CITY-ST-ZIP CITY-ST-ZIP <u>West Palm Beach</u> fl TITLE ☐ Delete TITLE ☐ Change Addition NAME HOFER, KAREN L NAME STREET ADDRESS STREET ADDRESS 1655 FORUM PLACE CITY-ST-7IP CITY-ST-7IE WEST PALM BEACH FL TITLE Delete TITLE \_\_\_Change \_ \_ Addition NAME HOFER, DENNIS M NAME STREET ADDRESS STREET ADDRESS 1655 FORUM PLACE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE: Roberta

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Roberta F. Dinaue

ALLEGE OF DIRECTOR

03/12/01(561) 712-004

Daytime Phone #

☐ Change

CR2E034 (10/00)

☐ Addition