## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000048972

1. Corporation Name

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90047 019 \*\*\*150.00

CUSTON	M COOKIE, INC.							
Principal Plac	e of Business	Mailing Address				+001 50110 1011	1) 1 <b>3010</b> 1301 1084	
6192 WEST 26TH COURT 6192 WEST 26TH COURT								
HIALEAH FL 33016 HIALEAH FL 33016					DO NOT WRITE IN THIS	SDACE		
					3. Date Incorporated or Qualifed	31 AOL		1
					06/02/1998			
Principal Place of Business     2a. Mailing Address					4. FEI Number OLLA FOI	A	pplied For	
21		26					lot Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional			
22		27			Fee Required			
City & Stat	te	City & State			6. Election Campaign Financing		May Be	
23		28	Carrat		Trust Fund Contribution		to Fees	1
Zip	Country	Zíp	Count	ry	This corporation owes the current year Inta     Personal Property Tax.	ingible Yes	<b>I</b> ZNo	
24	9. Name and Address of Curren	29 3	ou į		10. Name and Address of New Registered		<b>Q</b>	1
	3. Name and Address of Culter	t Registered Agent	8	1 Name	7,000			1
AME	RILAWYER		L					-
343	ALMERIA AVENUE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
COF	RAL GABLES FL 33134		8	3				1
			L			7	0.1	-
			8	4 City	FL	85 Zip	Code	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized t la Statute	y the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	ntment as r	egistered	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	leur signature reduite	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	18
TITLE	PDST	☐ DELETE	1.1 TITLE			☐ Change		13
NAME	BURSHTEYN, INNA		1.2 NAME					
STREET ADDRESS	ALCO MITOT OOTIL COURT		1.3 STREET ADDRESS			3		Ì
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY+ST-ZIP					] 8
TITLE	V	☐ DELETE	2.1 TITLE 2.2 NAME			Change	Addition	] (
NAME	BURSHTEYN, ALEXANDER							
STREET ADDRESS	6192 WEST 26TH COURT		2.3 STRE	ET ADDRESS				1
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY	-ST-ZIP				
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NAME	}		3.2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY					┨
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NAME			4. 2 NAM	1				
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CITY-ST-ZIP		DELETE 6.11				☐ Change	Addition	Н
TITLE			6.2 NAM	1				
NAME				ET ADDRESS				
STREET ADDRESS	il .							1
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.