

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90170 002 ***150.00

DOCUMENT # *P98000048972*

1. Entity Name
Custom Cookies, Inc.



DO NOT WRITE IN THIS SPACE

11009599

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
7478 NW 21ST COURT
City & State
PEMBROKE PINES, FL
Zip
33024
Country
BROWARD

Suite, Apt. #, etc.
7478 NW 21ST COURT
City & State
PEMBROKE PINES, FL
Zip
33024
Country
BROWARD

4. FEI Number
65-0840585

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name *INNA BRASHTENY*
Street Address (P.O. Box Number is Not Acceptable)

7478 NW 21ST COURT
City *PEMBROKE PINES* FL Zip Code *33024*

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IN THIS SPACE**

8. I, 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 *Inna Brashteny, president*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-20-03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P/S INNA BRASHTENY 7478 NW 21ST COURT PEMBROKE PINES, FL 33024</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>ALEXANDER BRASHTENY 7478 NW 21ST COURT PEMBROKE PINES, FL 33024</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Inna Brashteny INNA BRASHTENY* *04/20/03* *(305) 931-0559*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)