

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JUL 15 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000922 AT



DOCUMENT # A98000001037

1. Entity Name

COVERS CREDIT, LTD.

Principal Place of Business

2649 MARION DRIVE
FORT LAUDERDALE FL 33316

Mailing Address

2649 MARION DRIVE
FORT LAUDERDALE FL 33316

2. Principal Place of Business

804 SE 19 ST

Suite, Apt. #, etc.

3. Mailing Address

804 SE 19th ST

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number 65-0830356

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COVERS, GUNTHER E
2649 MARION DRIVE
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000030108
NAME COVERS CREDIT CORP.
STREET ADDRESS 2649 MARION DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500006465915--9

07/17/02-01004-016

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DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)

STAPLE CHECK HERE