## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F52107 1. Entity Name INCOVE, INC. 01-31-2001 90268 017 \*\*\*150.00 Mailing Address Principal Place of Business 4603 S.W. 75 AVENUE 4603 S.W. 75 AVENUE **MIAMI FL 33155 MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2136604 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUKER. HOWARD L Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD SUITE 508 MIAMI FL 33156 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PDS** ☐ Addition TITLE Delete TITLE ALZATE, NOHEMY NAME NAME 4603 S.W. 75 AVENUE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-79 **MIAMI FL 33155** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NG OFFICER OR DIRECTOR

Daytime Phone #

2000	UNIFORM BUS	SINESS REPO	RT (UBR	<u>all</u>	n. Miko
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Principal Plac	ce of Business	Mailing Address	,	DI	013634
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2. Principal P	Place of Business	3. Mailing Address	κι1, ΄ Δ		
Suite, Apt. #, etc.		4127 S.W 74 Aw.		DO NOT V	/RITE IN THIS SPACE
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City & Stat	te	City & State	FI	4. FEI Number 65-0161	196 Applied For Not Applica
Zip	Country	33/55	Country A	5. Certificate of Status Desire	d \$8.75 Additional Fee Required
	6. Name and Address of Curre		<u> </u>	7. Name and Address of Ne	
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			City	iami	FL Zia Carr
8 The above	named entity submits this statement	for the purpose of changing its re		egistered agent, or both, in the State of	
5. Mc 2007C	. Harried Gridly Salst files and Statement	To the purpose of changing to the	9,0,0,0,0,0,0,0,0,0	g-1,5-0-0 age-11,	. Hair
SIGNATURE,	1		<u> </u>		
1.75	Signature, typed or printed name of registered age	In the community of the property of the same of the following of the same of t	Registered Agent signature	S9629889A	DATE
Tax filing r	oration is eligible to satisfy its Intangit requirement and elects to do so. ——————————————————————————————————	ole FILE NOW!!! After MAY 1, 200 Make Check Payable		0.00 Trust Fund Contrib	
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