

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000331

1. Entity Name

CONOVER HOLDINGS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 31 PM 3:59

Principal Place of Business

Mailing Address

% NADIA EDWARDS, CPA
290- 174TH ST #1510
MIAMI BCH FL 33160

% NADIA EDWARDS, CPA
290- 174TH ST #1510
MIAMI BCH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0544199

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, NADIA S CPA
290- 174TH ST #1510
MIAMI BCH FL 33160

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCPS
NAME HARPAZ, AVI
STREET ADDRESS 16 ARUGOT ST
CITY-ST-ZIP HERZLYIA 46364, ISRAEL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300004334299--8
CITY-ST-ZIP -05/30/01--01051--002
***1276.25 ***150.00

TITLE V
NAME EDWARDS, NADIA S
STREET ADDRESS 290- 174TH ST #1510
CITY-ST-ZIP MIAMI BCH FL 33160 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Nadia S. Edwards

NADIA S. EDWARDS, VP

4/23/01

(305)932-3325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #