## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

F9600000331

Mailing Address

1. Entity Name

CONOVER HOLDINGS, INC.

**DOCUMENT #** 

Principal Place of Business



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

290- 174TH ST MIAMI BCH FL 2. Principal P	7 #1510 . 33160	ess	% NADIA EDWARDS. CPA 290- 174TH ST #1510 MIAMI BCH FL 33160  3. Mailing Address				-						
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State	е		City & State				- 1	4. FEI Number 65-0544199 Applied For Not Applicable					
Zip	Country Zip				Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	ed Agent	nt			7. Name and Address of New Registered Agent							
EDWARDS, NADIA S CPA 290- 174TH ST #1510							Name Street Address (P.O. Box Number is Not Acceptable)						
<u>•</u> 	H FL 33160					City		FL Zip Code					
3. 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 when obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department OFFICERS ANI	of State	RS	11.				Election Campaign Fina Trust Fund Contribution.  ONS/CHANGES TO OFFIC		Added	May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS HARPAZ, A 16 ARUGO HERZLYIA			□ Delete	•						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, 290- 174TH MIAMI BCH	I ST #1510		☐ Delete			-			· ·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,~	. □ Delete -							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	
TITLE NAME Street Address City-St-Zip				☐ Delete		l l					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 19/03

Date

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