

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005375

1. Entity Name
COVER MERC L.L.C.

Principal Place of Business
777 BRICKELL AVENUE, SUITE 500
MIAMI FL

Mailing Address
C/O STEVEN L. CANTOR, P.A.
777 BRICKELL AVENUE, SUITE 500
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTOR, STEVEN L
777 BRICKELL AVENUE, SUITE 500
MIAMI FL

Name ~~SLC Corporate Services, Inc.~~
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive, Suite 2908
City Miami FL Zip Code 33131

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  Steven L. Cantor, President 03/14/01

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003995950-7
-04/13/01--01009--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
COVER, DIANA
STREET ADDRESS 777 BRICKELL AVENUE, SUITE 500
CITY-ST-ZIP MIAMI FL

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/14/01

Date

305-374-3886

Daytime Phone #

0000301 AF

CR2E083 (11/00)

FILED
01 APR -4 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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