

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90042 015 \*\*\*\*50.00

**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

**1001 Brickell Bay Dr.**

Suite, Apt. #, etc.

**Suite 2908**

City & State

**Miami, FL**

3. Mailing Address

**1001 Brickell Bay Dr.**

Suite, Apt. #, etc.

**Suite 2908**

City & State

**Miami, FL**

Zip

**33131**

Country

**U.S.A.**

Zip

**33131**

Country

**U.S.A.**

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

**SLC CORPORATE SERVICES, INC.  
 1001 BRICKELL BAY DRIVE, SUITE 2908  
 MIAMI FL 33131**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Cover, Diana**  
 STREET ADDRESS **1001 Brickell Bay Dr., Ste. 2908**  
 CITY-ST-ZIP **Miami, FL 33131**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED**

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

**2/15/02**

Date

**3053743886**

Daytime Phone #

CP2E083 (9/01)