

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90180 013 ***150.00

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DOCUMENT # P00000000914

1. Entity Name
JK COVE, INC.

Principal Place of Business
**7900 MIAMI LAKES DRIVE W
 MIAMI LAKES FL 33016**

Mailing Address
**7900 MIAMI LAKES DRIVE W
 MIAMI LAKES FL 33016**

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 **65-0972880**

Applied For
 Not Applicable

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

**COBER CORPORATE AGENTS, INC.
 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR
 MIAMI FL 33133**

Name
RODRIGUEZ, CHRISTY
 Street Address (P.O. Box Number is Not Acceptable)
7900 MIAMI LAKES DRIVE WEST
 City
MIAMI LAKES **FL** Zip Code
33016

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

Christy Rodriguez
 CHRISTY RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

01/08/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 - Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DST
BARTELMO, THOMAS ☐ Delete
7900 MIAMI LAKES DRIVE W
MIAMI LAKES FL 33016

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DSVP ☒ Change ☐ Addition
BARTELMO, THOMAS
7900 MIAMI LAKES DRIVE W
MIAMI LAKES FL 33016

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP ☐ Delete
KISLAK, JAY I
7900 MIAMI LAKES DRIVE WEST
MIAMI FL 33016

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S ☐ Change ☒ Addition
LUBOW, CHERYL
7900 MIAMI LAKES DRIVE W
MIAMI LAKES FL 33016

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AVP ☐ Change ☒ Addition
RODRIGUEZ, CHRISTY
7900 MIAMI LAKES DR W
MIAMI LAKES FL 33016

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

Christy Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02
 Date

305-364-4106
 Daytime Phone #

CR2E034 (9/01)