

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000067104**

1. Entity Name

COVES CHEMICAL CORPORATION

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90043 018 \*\*\*150.00

AU035433

DO NOT WRITE IN THIS SPACE

Principal Place of Business 8024 Tatum Waterway Dr. Suite 4C Miami Beach, FL. 33141		Mailing Address 8024 Tatum Waterway Dr. Suite 4C Miami Beach, FL. 33141	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1028737		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Mark R. Colodne 9455C Boca Gardens Circle South Boca Raton, Florida 33496		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 <u>Mark R. Colodne</u> DATE <u>2/18/2001</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P,D Colon Sanchez Luna 8024 Tatum Waterway Dr. #4C Miami Beach, FL. 33141 Delete		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 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: <u>Colon Sanchez Luna</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2/18/2001</u> Daytime Phone #	

CR2E034 (9/99)