

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004142

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Entity Name:** URIEL COVE CORP.

**Current Principal Place of Business:**

411 NE 16 PLACE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

12717 W SUNRISE BLVD STE 354  
SUNRISE, FL 33323

**Current Mailing Address:**

PO BOX 100524  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 26-1751679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEF-CHERONSKY, ADELINE  
411 NE 16 PLACE  
CAPE CORAL, FL 33909 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: JOSEF-CHERONSKY, ADELINE  
Address: POST OFFICE BOX 100524  
City-St-Zip: CAPE CORAL, FL 33910

Title: V  
Name: JOSEPH, ERIC  
Address: POST OFFICE BOX 100524  
City-St-Zip: CAPE CORAL, FL 33910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC JOSEPH

VP

01/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date