

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/31/00-90105-015-\$150.00-\$150.00

DOCUMENT # P96000075332

1. Entity Name:

COVE ASSET MANAGEMENT INC.

FILED

00 MAR -6 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

911486



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1900 GLADES ROAD  
SUITE 201  
BOCA RATON FL 33431

Mailing Address  
1900 GLADES ROAD  
SUITE 201  
BOCA RATON FL 33431-7333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0701183

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MARGOLIES, MICHAEL  
1900 GLADES ROAD  
SUITE 201  
BOCA RATON FL 33431

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 re-registering)

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MICHAEL MARGOLIES	
STREET ADDRESS	4044 NW 64TH RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	ALAN P. JACOBS	
STREET ADDRESS	18018 MAMBO DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ADAM B. COHEN	
STREET ADDRESS	16453 BRIDLEWOOD CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ADAM B. COHEN

2/28/00

561-447-4044