

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075332

1. Entity Name

COVE ASSET MANAGEMENT INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90116 003 ***150.00

Principal Place of Business

1900 GLADES ROAD
SUITE 201
BOCA RATON FL 33431

Mailing Address

1900 GLADES ROAD
SUITE 201
BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0701183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Ian Berkowitz

Street Address (P.O. Box Number is Not Acceptable)

1900 Glades Road

Suite 201

City

Boca Raton

FL

Zip Code

33431

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 Ian Berkowitz

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

(NOTE: Registered Agent signature required when reinstating)

4/17/01

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, 2001 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

TITLE P ☐ Delete
NAME MICHAEL MARGOLIES
STREET ADDRESS 4044 NW 64TH RD
CITY-ST-ZIP BOCA RATON FL

TITLE SVP ☐ Delete
NAME HINES, DAVID K
STREET ADDRESS 332 BEAR TRAIL
CITY-ST-ZIP CONWAY AR 72032

TITLE SVP ☒ Delete
NAME ADAM B. COHEN
STREET ADDRESS 16453 BRIDLEWOOD CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael Margolies

4/17/01 561-447-4044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)