

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087080

1. Entity Name

PLC COVE, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90010 038 ***150.00

Principal Place of Business

Mailing Address

420 LINCOLN RD
STE 432
MIAMI BEACH FL 33139
US

420 LINCOLN RD
STE 432
MIAMI BEACH FL 33139-3014
US

2. Principal Place of Business
420 Lincoln Road

3. Mailing Address
P.O. Box 191768

Suite, Apt. #, etc.
Suite 335

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami, FL

4. FEI Number 65-0700538

Applied For
Not Applicable

Zip Country
33139 USA

Zip Country
33110-1768 USA

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

PLC INVESTMENTS, INC.
420 LINCOLN RD
STE 432
MIAMI BEACH FL 33139

Name PLC Investments, Inc.
Street Address (P.O. Box Number is Not Acceptable)
420 Lincoln Road
Suite 335
City Miami Beach FL Zip Code 33139

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 reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CEJAS, PABLO L 420 LINCOLN RD, STE 432 MIAMI BCH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MONTERO, HILDA C 420 LINCOLN ROAD, SUITE 432 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- NEITZEL, JULIA L 420 LINCOLN RD, STE 432 MIAMI BCH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 335 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 Lincoln Road, Suite 335 Miami Beach, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Hilda C. Montero
Hilda C. Montero, Secretary

Date

4/13/00 305-531-5220

Daytime Phone #

CR2E034 (9/99)