

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90191 002 \*\*\*150.00

**DOCUMENT # P96000087080**



1. Entity Name  
**PLC COVE, INC.**

Principal Place of Business  
**420 LINCOLN RD  
PENTHOUSE  
MIAMI BEACH FL 33139  
US**

Mailing Address  
**P O BOX 191768  
MIAMI FL 33199-1768  
US**

90087847



2. Principal Place of Business  
**420 Lincoln Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 443**

City & State

City & State

**Miami Beach, Florida**

Zip  
**33139**

Country  
**Dade**

Zip

Country

4. FEI Number **65-0700538**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**PLC INVESTMENTS, INC.  
420 LINCOLN RD  
PENTHOUSE Suite 443  
MIAMI BEACH FL 33139**

## 7. Name and Address of New Registered Agent

Name

**PLC Investments, Inc.**

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

**420 Lincoln Road**

**Suite 443**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **CEJAS, PABLO L**  
STREET ADDRESS **420 LINCOLN ROAD PENTHOUSE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **TSD** ☐ Delete  
NAME **MONTERO, HILDA C**  
STREET ADDRESS **420 LINCOLN ROAD PENTHOUSE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **PD** ☐ Delete  
NAME **CEJAS, PAUL L**  
STREET ADDRESS **420 LINCOLN ROAD PENTHOUSE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☒ Delete  
NAME **PELLEGRINI, NINA**  
STREET ADDRESS **1430 AUDUBON AVENUE**  
CITY-ST-ZIP **MONTARA CA 94037**

TITLE **VP** ☐ Delete  
NAME **RODRIGUEZ, SANDRA**  
STREET ADDRESS **420 LINCOLN ROAD PENTHOUSE**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **420 Lincoln Road, Suite 443**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **420 Lincoln Road, Suite 443**  
CITY-ST-ZIP **Miami Beach, FL 33139**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **420 Lincoln Road, Suite 443**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Gertie Cejas**  
CITY-ST-ZIP **420 Lincoln Road, Suite 443**  
**Miami Beach, FL 33139**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**PLC Cove, Inc. By: Hilda C. Montero, Secretary**

SIGNATURE: *Hilda C. Montero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

305-531-5220  
Daytime Phone #

CR2E034 (10/02)