

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90090 011 ***150.00

C0043140

DOCUMENT # F84630
1. Entity Name
 ENCORE INVESTMENTS, INC.

Principal Place of Business **Mailing Address**
 SEE BELOW SEE BELOW

2. Principal Place of Business **3. Mailing Address**
 9700 S. Dixie Highway 9700 S. Dixie Highway
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 1020 Suite 1020
 City & State City & State
 Miami, Florida Miami, Florida

Zip **Country** **Zip** **Country**
 33156-2865 USA 33156-2865 USA

DO NOT WRITE IN THIS SPACE
 59-2260901
4. FEJ Number **Applied For**
 59-1705731 Not Applicable

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

MANDEL, ROBERT S.
 9700 South Dixie Highway
 Suite 1020
 Miami, FL 33156-2865

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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 MANDEL, ROBERT S. 9700 S. Dixie Highway, Suite 1020 Miami, FL 33156-2865	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDEL, RONA C. 9700 S. Dixie Highway, Suite 1020 Miami, FL 33156-2865	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Robert S. Mandel** **March 15, 2000** **305-670-0671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)