

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90116 013 ***150.00

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DOCUMENT # F02000005615

1. Entity Name
ENCORE FINANCIAL SERVICES GROUP, INC.



Principal Place of Business
**1818 S. AUSTRALIAN AVENUE #450
WEST PALM BEACH FL 33409**

Mailing Address
**1818 S. AUSTRALIAN AVENUE #450
WEST PALM BEACH FL 33409**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1046684**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CS
SHAPIRO, ROBIN
545 WEST END AVENUE, #11-E
NEW YORK NY 10024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S, D & C CO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GROSSMAN, HAROLD
480 S. CHURCHILL ROAD
TEANECK NJ 07666** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LOWE, CHARLES
1120 PARK AVENUE
HOBOKEN NJ 07666** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
LOWE, CHARLES
1120 PARK AVENUE
HOBOKEN NJ 07666** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT ☐ Delete

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

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

561-615-9360

Daytime Phone #

CR2E034 (10/02)