

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005465

1. Entity Name

ENCORE REAL TIME COMPUTING, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90090 022 ***150.00

Principal Place of Business

Mailing Address

10877 WILSHIRE BLVD., SUITE 1805
LOS ANGELES CA 90024
1700 NW 66 AVE
SUITE 103
FT LAUDERDALE FL 33313

6260 LOOKOUT RD
BOULDER CO 80301-3319
US 1700 NW 66 AVE
SUITE 103
FT LAUDERDALE, FL 33313

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

51-0381481

Applied For

Not Applicable

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

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.

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 PS
NAME OEHLER, MICHAEL P
STREET ADDRESS 10877 WILSHIRE BLVD., SUITE 1805
CITY-ST-ZIP LOS ANGELES CA 90024

☐ Delete

TITLE
NAME
STREET ADDRESS 1700 NW 66 AVE, SUITE 103
CITY-ST-ZIP FT LAUDERDALE FL 33313.

☒ Change ☐ Addition

TITLE TC
NAME GORES, ALEC E
STREET ADDRESS 10877 WILSHIRE BLVD., SUITE 1805
CITY-ST-ZIP LOS ANGELES CA 90024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

954.377.1106

Date

Daytime Phone #

CR2E034 (9/99)