

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014594 AF

DOCUMENT # M00000002158

1. Entity Name  
SINGER-OVATION LLC

FILED

W 3/2

01 FEB 27 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
700 BANYAN TRAIL, SUITE 200  
BOCA RATON FL 33431

Mailing Address  
700 BANYAN TRAIL, SUITE 200  
BOCA RATON FL 33431



2. Principal Place of Business  
1818 S. Australian Ave.  
Suite, Apt. #, etc.  
Suite 450

3. Mailing Address  
1818 S. Australian Ave.  
Suite, Apt. #, etc.  
Suite 450

DO NOT WRITE IN THIS SPACE

City & State  
West Palm Beach, FL  
Zip  
33409  
Country  
USA

City & State  
West Palm Beach, FL  
Zip  
33409  
Country  
USA

4. FEI Number  
65-1046683

APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole member Encore Financial Services Group, Inc. 1818 S. Australian Ave., Suite 450 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

2-21-01

212/984-1485

CR2E083 (11/00)