

2000 UNIFORM BUSINESS REPORT (UBR)

0006134 AF

DOCUMENT # M99000001591

1. Entity Name
TEXAS ENCORE L.L.C.

FILED

00 JAN 12 PM 2:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business Mailing Address
**5401 NORTH FEDERAL HWY
FORT LAUDERDALE FL 33308** **5401 NORTH FEDERAL HWY
FORT LAUDERDALE FL 33308-3206**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **38-3362211** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORAN, PATRICK A
5401 NORTH FEDERAL HWY
FORT LAUDERDALE FL 33308**

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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORAN, PATRICK A 5401 NORTH FEDERAL HWY FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300003103813--3 -01/20/00--01020--009 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Patrick A. Moran, Managing Member** 1/4/00 (954) 202-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)