

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044970

1. Entity Name

ENCORE MANAGEMENT SERVICES INC.

Principal Place of Business

3314 OAK DR
HOLLYWOOD FL 33021
US

Mailing Address

3314 OAK DR
HOLLYWOOD FL 33021-8423
US

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

59-3448807

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

KALIMI, AVNER
3314 OAK DR
HOLLYWOOD FL 33021

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

Avner Kalimi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

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	P	<input type="checkbox"/> Delete
NAME	KALIMI, AVNER	
STREET ADDRESS	3314 OAK DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Sony,
Signed in
wrong place, meant
to sign on bottom.
Thanks!*

13. I hereby certify that the information indicated on this report of the corporation changed, or on

SIGNATURE

Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished shall have the same legal effect as if made under oath; that I am an officer or director of the corporation as provided by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TOR

Date

Daytime Phone #

CR2E034 (9/99)

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

04-22-2000 90027 027 ***150.00



DO NOT WRITE IN THIS SPACE