

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90097 001 ***300.00

DOCUMENT # P93000057486

1. Entity Name

ALLIANCE CAPITAL FACTORING GROUP, INC.

Principal Place of Business

2300 GLADES RD
 #200 WEST
 BOCA RATON FL 33431-7386
 US

Mailing Address

2300 GLADES RD.
 #200 WEST
 BOCA RATON FL 33431-7386
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0447527

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONLON, JO ANNE M
2300 GLADES RD.
200 WEST
BOCA RATON FL

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 PD Delete
 NAME ELLIOTT, MELTON
 STREET ADDRESS 753 SIESTA KEY CIR
 CITY-ST-ZIP DEERFIELD BCH FL 33441

TITLE CEO Change Addition
 NAME ROBERT D. ARMSTRONG
 STREET ADDRESS 2623 TIMBERCREEK CIRCLE
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD Delete
 NAME CONLON, JO ANNE M
 STREET ADDRESS 7529 SAN MATEO DRIVE
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE PRESIDENT Change Addition
 NAME JOANNE M CONLON
 STREET ADDRESS 7529 SAN MATEO DR
 CITY-ST-ZIP BOCA RATON, FL

TITLE T Delete
 NAME ELLIOTT, MELTON
 STREET ADDRESS 753 SIESTA KEY CIRCLE
 CITY-ST-ZIP DEERFIELD BCH FL 33441

TITLE TRS: Change Addition
 NAME RICHARD CONLON
 STREET ADDRESS 7529 SAN MATEO DR
 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE S Delete
 NAME CONLON, JOANNE
 STREET ADDRESS 7529 SAN MATEO DRIVE
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE SECRETARY Change Addition
 NAME UERA ESPOSITO
 STREET ADDRESS 22075 LAS BRISAS CIRCLE
 CITY-ST-ZIP BOCA RATON FL 33433

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

Joanne M. Conlon

4/6/00

(561) 367-9558

CR2E034 (9/99)