

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90083 027 ***150.00

DOCUMENT # P94000032586

1. Entity Name

CAPITAL FACTORS HOLDING, INC.

Principal Place of Business

**120 E PALMETTO PARK RD
 5TH FLOOR
 BOCA RATON FL 33432
 US**

Mailing Address

**120 E PALMETTO PARK RD
 5TH FLOOR
 BOCA RATON FL 33432
 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 **58-1565319**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, MICHAEL G
 120 EAST PALMETTO PARK RD.
 SUITE 500
 BOCA RATON FL 33432**

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, 2001 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	KEIFER, JOHN W	
STREET ADDRESS	120 E PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, M K	
STREET ADDRESS	7130 GOODLETT FARMS PKWY	
CITY-ST-ZIP	CORDOVA TN 38018	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDERMOTT,	
STREET ADDRESS	1799 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JACKSON	
STREET ADDRESS	7130 GOODLETT FARMS PKWY	
CITY-ST-ZIP	CORDOVA TN 38018	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNET, JOHN	
STREET ADDRESS	7130 GOODLETT FARMS PKWY	
CITY-ST-ZIP	CORDOVA TN 38018	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *John Keifer* v.p. Asst Controller

1/9/01

561-368-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)