


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0401957 AV

**DOCUMENT # P94000032586**

1. Entity Name  
**CAPITAL FACTORS HOLDING, INC.**



FILED

03 MAY -29 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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  
*Same as above*

3. Mailing Address  
*Same as above*

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **58-1565319**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *N/A*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *N/A*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE LE CRUZ, LINDA</b> 7130 GOODLETT FARMS PKWY CORDOVA TN 38018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOUSE, E JAMES JR</b> 7130 GOODLETT FARMS PKWY CORDOVA TN 38018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>MCDERMOTT, DENNIS</b> 1799 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, JACKSON</b> 7130 GOODLETT FARMS PKWY CORDOVA TN 38018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNET, JOHN</b> 7130 GOODLETT FARMS PKWY CORDOVA TN 38018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LEVINE, MICHAEL G</b> 120 E PALMETTO PARK RD 5TH FL BOCA RATON FL 33432	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>Michael J. Sullivan, One Briham Green</b> 15800 John J Delaney Drive, Ste 300 Charlotte, NC 28277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>Stephen J. Donohue</b> 1700 Broadway, 19th Floor New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>James L. Morrison</b> 700 South Flower Street, Ste 2001 Los Angeles, CA 90017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300020257623</b> 05/29/03--01078--003 ***750.00	<input type="checkbox"/> Change <input 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR2E034 (10/02)