

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90047 020 ****61.25

DOCUMENT # N00000006810

1. Entity Name

FACTOR FOUNDATION OF AMERICA, INC.

Principal Place of Business

C/O DAVID B. MADEIROS
951 SHOTGUN ROAD, SUITE A
SUNRISE FL 33326-1964

Mailing Address

C/O DAVID B. MADEIROS
951 SHOTGUN ROAD, SUITE A
SUNRISE FL 33326-1964

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

65-1048127

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

MADEIROS, DAVID B
951 SHOTGUN ROAD
SUITE A
SUNRISE FL 33326-1964

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:
FEES IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Executive Director ☐ Delete
NAME DAVID MADEIROS
STREET ADDRESS 951 Shotgun Rd "A"
CITY-ST-ZIP Ft Lauderdale, FL 33326TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V. President ☐ Delete
NAME TAWNY HAGAN
STREET ADDRESS 17184 Cedar Lane
CITY-ST-ZIP Oklahoma City, OK 73020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Sec. Treasurer ☐ Delete
NAME Robert Marks
STREET ADDRESS 2045 Alfred
CITY-ST-ZIP TROY, MI 48098TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)