

FILED
May 05, 2003 8:00 am
Secretary of State

03-31-2003 90158 042 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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 33326-1884

Mailing Address

C/O DAVID B. MADEIROS
951 SHOTGUN ROAD, SUITE A
SUNRISE FL 33326-1884

2. Principal Place of Business

7700 CONGRESS AVE

Suite, Apt. #, etc.

SUITE 3109

City & State

BOCA RATON FL

Zip

33487

Country

PALM BEACH

3. Mailing Address

7700 CONGRESS AVE

Suite, Apt. #, etc.

SUITE 3109

City & State

BOCA RATON, FL

Zip

33487

Country

PALM BEACH

☐ CHECK HERE IF MAKING CHANGES

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

MADEIROS, DAVID B
951 SHOTGUN ROAD
SUITE A
SUNRISE FL 33326-1884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7700 CONGRESS AVE

SUITE 3109

City

BOCA RATON

FL

Zip Code

33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ED
NAME MADEIROS, DAVID
STREET ADDRESS 951 SHOTGUN RD 'A'
CITY-ST-ZIP FORT LAUDERDALE FL 33326

☐ Delete

TITLE VP
NAME HAGAN, TAWNY
STREET ADDRESS 17184 CEDAR LANE
CITY-ST-ZIP OKLAHOMA OK 73020

☒ Delete

TITLE STD
NAME MARKS, ROBERT
STREET ADDRESS 2045 ALFRED
CITY-ST-ZIP TROY MI 48066

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 7700 CONGRESS AVE SUITE 3109
CITY-ST-ZIP BOCA RATON, FL 33487

☒ Change ☐ Addition

TITLE VP/SEC
NAME JEFFREY KALLBERG
STREET ADDRESS 7700 CONGRESS AVE SUITE 3109
CITY-ST-ZIP BOCA RATON, FL 33487

☐ Change ☒ Addition

TITLE CHIEF OPERATING OFFICER
NAME STEVEN SCHNEIDER
STREET ADDRESS 7700 CONGRESS AVE SUITE 3109
CITY-ST-ZIP BOCA RATON, FL 33487

☐ Change ☒ Addition

TITLE DIRECTOR
NAME JEANETTE JUHL
STREET ADDRESS 170 SANTA BARBARA WAY
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 617, 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #