

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90237 013 ***150.00

DOCUMENT # P00000042351

1. Entity Name

FACTOR ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

311 GARDENS DR.

3. Mailing Address

311 GARDENS DR.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

651002236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name RICARDO BRANDINO DE OLIVEIRA

Street Address (P.O. Box Number is Not Acceptable)
311 GARDENS DR. #102

City POMPANO BEACH

FL

Zip Code
33069

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P	TITLE	
NAME	RICARDO BRANDINO DE OLIVEIRA	NAME	
STREET ADDRESS	311 GARDENS DR. #102	STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH, FL 33069	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO BRANDINO DE OLIVEIRA

04/23/02 (954) 683-5236

Date

Daytime Phone #