

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90080 030 \*\*\*150.00

**DOCUMENT # P01000069194**

**1. Entity Name**  
**EFX CORP.**



**Principal Place of Business**  
**1000 UNIVERSAL STUDIOS PLAZA**  
**BLDG 22A, SUITE 224**  
**ORLANDO FL 32819**

**Mailing Address**  
**1000 UNIVERSAL STUDIOS PLAZA**  
**BLDG 22A, SUITE 224**  
**ORLANDO FL 32819**

**2. Principal Place of Business**  
**1000 UNIVERSAL STUDIOS PLAZA**

**3. Mailing Address**  
**1000 UNIVERSAL STUDIOS PLAZA**

Suite, Apt. #, etc.  
**BLDG. 22A, SUITE 204**

Suite, Apt. #, etc.  
**BLDG. 22A, SUITE 204**

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32819**

Zip  
**32819**

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-1124898**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CURVAS, ANDREW ESQ**  
**536 BILTMORE WAY**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **BELTRAN FERRER, FRANCISCO J.**

Street Address (P.O. Box Number is Not Acceptable)  
**8009 BOW CREEK RD.**

City **KISSIMMEE** FL Zip Code **34747**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-17-2003**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PST** ☐ Delete  
NAME **BELTRAN FERRER, FRANCISCO J**  
STREET ADDRESS **536 BILTMORE WAY**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **BELTRAN FERRER, FRANCISCO J.**  
STREET ADDRESS **8009 BOW CREEK RD.**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **VPD** ☒ Delete  
NAME **BELTRAN FERRER, FRANCISCO J**  
STREET ADDRESS **536 BILTMORE WAY**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ 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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-17-2003 4074915049**

0112220 AV

CR2E034 (10/02)