

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90107 017 \*\*\*158.75

**DOCUMENT # P23330**

1. Entity Name  
**MERCHANT FACTORS, CORP.**

Principal Place of Business

1430 BROADWAY  
 NEW YORK NY 10018  
 US

Mailing Address

1430 BROADWAY  
 NEW YORK NY 10018  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3125489**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

ULLMAN, MICHAEL W., ESQ.  
 115 NW 167TH ST.  
 CAPITAL BANK BLDG., PENTHOUSE SUITE  
 NO. MIAMI BEACH FL 33169

Name

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

City

2

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME KAYE, WALTER  
 STREET ADDRESS 1430 BROADWAY  
 CITY-ST-ZIP NEW YORK NY

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

TITLE V ☐ Delete  
 NAME CAMHI, ALBERT  
 STREET ADDRESS 1430 BROADWAY  
 CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ Delete  
 NAME ROSENOW, STANLEY  
 STREET ADDRESS 1430 BROADWAY  
 CITY-ST-ZIP NEW YORK NY 10018

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

TITLE D ☐ Delete  
 NAME GORDON, MANUEL  
 STREET ADDRESS 1430 BROADWAY  
 CITY-ST-ZIP NEW YORK NY

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

TITLE D ☒ Delete  
 NAME WOLLMAN, EDWARD  
 STREET ADDRESS 1430 BROADWAY  
 CITY-ST-ZIP NEW YORK NY

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

TITLE V ☐ Delete  
 NAME GRUSD, NEVILLE  
 STREET ADDRESS 1430 BROADWAY  
 CITY-ST-ZIP NEW YORK NY 10018

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

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

SIGNATURE: *Albert Camhi*

Albert Camhi, SVP April 3, 2001 (212)840-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)