

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90115 046 ***150.00

DOCUMENT # P98000022087

1. Entity Name
AMERICAN FACTORS GROUP, INC.

Principal Place of Business		Mailing Address	
150 S PINE IS RD STE 500 PLANTATION FL 33324		150 S PINE IS RD STE 500 PLANTATION FL 33324-2665	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0821333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J
 150 S PINE IS RD STE 500
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	R.D. Charles Volitt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESS, ROBERT D		NAME	150 S PINE ISLAND RD SUITE 500	
STREET ADDRESS	150 S PINE IS RD STE 500		STREET ADDRESS	PLANTATION, FL 33324	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S.D. Myce B. Schreiber	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORWIN, FRED		NAME	150 S PINE ISLAND RD SUITE 500	
STREET ADDRESS	4920 SARAZEN DRIVE		STREET ADDRESS	PLANTATION, FL 33324	
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE			TITLE	D,VP Robert Press	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	150 S. Pine Island Rd #500	
STREET ADDRESS			STREET ADDRESS	Plantation, FL 33324	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ **Allyce B. Schreiber** **4/27/2000** **(954) 577-9225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)