

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037789

1. Entity Name

FACTORING EXPRESS, INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90107 023 \*\*\*158.75

Principal Place of Business

1200 BRICKELL AVENUE SUITE 900  
MIAMI FL 33131

Mailing Address

1200 BRICKELL AVENUE SUITE 900  
MIAMI FL 33131-3255

2. Principal Place of Business

199 Ocean Lane Dr.

Suite, Apt. #, etc.

# 507

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 240

City & State

Coral Gables, FL

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0940182

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

AGIM REGISTERED AGENTS, INC.  
RRA  
1200 BRICKELL AVENUE SUITE 900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Gabriel Prats

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

2121 Ponce de Leon Blvd

Suite 240

City

Coral Gables

FL

Zip Code

33134

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]*

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ZULUAGA VENEGAS, ALVARO JOSE	
STREET ADDRESS	1200 BRICKELL AVENUE SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEL MAR NATES, MARIA	
STREET ADDRESS	1200 BRICKELL AVENUE SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, VP, T, S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZULUAGA- VENEGAS, ALVARO JOSE	
STREET ADDRESS	199 Ocean Lane Dr. # 507	
CITY-ST-ZIP	Key Biscayne, FL 33149.	
TITLE	D, P, VP, T, S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JUAN CARLOS	
STREET ADDRESS	199 Ocean Lane Dr. # 507	
CITY-ST-ZIP	Key Biscayne, FL 33149.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

CR2E034 (9/99)