

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037789

1. Entity Name
FACTORING EXPRESS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90262 037 ***158.75

Principal Place of Business

199 OCEAN LANE DR
#507
KEY BISCAYNE FL 33149

Mailing Address

212 PONCE DE LEON BLVD
STE 240
CORAL GABLES FL 33134

2. Principal Place of Business

201 CRANDON BLVD

3. Mailing Address

2121 PONCE DE LEON

Suite, Apt. #, etc.

432

Suite, Apt. #, etc.

#240

City & State

KEY BISCAYNE

City & State

CORAL GABLES, FL. 33134

Zip

33149

Country

Zip

33134

Country

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.
RAA
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 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, 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

TITLE **DPVT** ☒ Delete
NAME **ZULUAGA VENEGAS, ALVARO JOSE**
STREET ADDRESS **199 OCEAN LANE DR., #507**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **DPVT** ☐ Delete
NAME **GONZALES, JUAN CARLOS**
STREET ADDRESS **199 OCEAN LANE DR., #507**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DPST** ☒ Change ☐ Addition
NAME **GONZALES, JUAN CARLOS**
STREET ADDRESS **201 CRANDON BLVD #432**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 19 2001 305 365 388

CR2E034 (10/00)