

UCC-1 Form

FILER INFORMATION

Full name: **BENITA VELAZQUEZ** *Phone:* **626-303-3551**

CONTACT INFORMATION

Contact name: **UC FACTORS**

Street #1: **P.O. BOX 1610**

City: **MONROVIA** *State:* **CA** *ZIP:* **91017** *Country:* **USA**

Notification Method: **E-Mail** *Email:* **benita@ucfactors.com**

DEBTOR INFORMATION

Org. Name: **WESTPRO COMMUNICATIONS, INC.**

Org. Type: **CORPORATION** *Jurisdiction:* **RI** *Org. ID:* **200700821350**

Mailing Address1: **116 HIGH STREET**

City: **WESTERLY** *State:* **RI** *ZIP:* **02891** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **UNITED CALIFORNIA DISCOUNT CORPORATION DBA UC FACTORS**

Mailing Address1: **P.O. BOX 1610**

City: **MONROVIA** *State:* **CA** *ZIP:* **91017** *Country:* **USA**

TRANSACTION TYPE:

COLLATERAL

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