

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002084

1. Entity Name

ALL POINTS REALTY & INVESTMENTS INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90199 003 \*\*\*150.00

Principal Place of Business

17325 NW 27TH AVE  
 SUITE 107  
 MIAMI FL 33056  
 US

Mailing Address

17325 NW 27TH AVE  
 SUITE 107  
 MIAMI FL 33056-4000  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0367985

Applied For

Not Applicable

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

SAMUELS, PATRICK  
 17325 NW 27TH AVE  
 SUITE 107  
 MIAMI FL 33056

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **SAMUELS, PATRICK**  
 STREET ADDRESS **5760 NW 191 TERRACE**  
 CITY-ST-ZIP **HIALEAH FL 33015**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6465 NW 201 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **S** ☐ Delete  
 NAME **SAMUELS, DWIGHT**  
 STREET ADDRESS **5760 NW 191 TERRACE**  
 CITY-ST-ZIP **HIALEAH FL**

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6465 NW 201 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
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 TITLE  
 NAME  
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 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:

*Patrick Samuels*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/00*  
 Date

*305 681 5800*  
 Daytime Phone #

CR2E034 (9/99)