

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90105 036 ***150.00

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DOCUMENT # P92000002084

1. Entity Name
ALL POINTS REALTY & INVESTMENTS INC.



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
US**



2. Principal Place of Business
6645 Pembroke Road
Suite, Apt. #, etc.

3. Mailing Address
6465 NW 201 Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines FL

City & State
Miami FL

4. FEI Number **65-0367985**

Applied For
 Not Applicable

Zip **33023** Country **Broward**

Zip **33015** Country **Miami-Dade**

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 **Patrick Samuels**
Street Address (P.O. Box Number is Not Acceptable)
6465 NW 201 Street
City **Miami FL** Zip Code **33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Patrick Samuels**

04/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SAMUELS, PATRICK	
STREET ADDRESS	6465 NW 201 STREET	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMUELS, DWIGHT	
STREET ADDRESS	6465 NW 201 STREET	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

04/29/03 **9549643875**
Date Daytime Phone #

CR2E034 (10/02)