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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 491765 ALL POINTS INC REALTY 03 FEB 13 AM 9: 22 SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2296 N. Highway <u>, 0 '</u> Suite, Apt. #, etc. ∟City & State City & State Applied For or t Not Applicable Broward \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name MORAN DO NOT WRITE Street Address IN THIS SPACE 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 10. Election Campaign Financing After May 1, Fee is \$550.00 Tax filing requirement and elects to do so \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE VP S T TITLE NAME RICHARD MORAN NAME 000009380680 STREET ADDRESS LOO Bayulew DR #1207 12/05/02--01077--003 STREET ADDRESS Sunny Isles PL CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME 000009380680 STREET ADDRESS 03/18/03--01050--013 **150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP. TITLE IN THIS SPACE NAME

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 on an attachment with an address, with all other like empowered.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P TITLE

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01

Ver

ALL POINTS INC., REALTY

Michelle Milligan Division of Corporations PO Box 6327 Tallahassee FL 32314

Dear Reader

RE: Renewal

I don't know why the annual report was not received by me and not returned to yourselves-but I have had major issues with the post office.

I now have all my mails going to a post office box and routine bills either have automatic bank withdrawal or are charged to my credit card.

It has always been my policy to pay bills as soon as they arrive and would have paid the regular renewal had I received the forms. When I discovered the renewal had not been paid I requested a form and paid the late charge for a total of \$550 but would like to request a return of the \$400 late charge since I never received the annual renewal form.

Thank you

Richard Moran, Pres.