FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am F00000000200 DOCUMENT # **Secretary of State** 1. Entity Name ALL POINTS CAPITAL CORP. 07-19-2001 90003 025 ***558.75 Mailing Address Principal Place of Business 275 BROADHOLLOW ROAD 275 BROADHOLLOW ROAD **MELVILLE NY 11747 MELVILLE NY 11747** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ____ Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change PCD TITLE ☐ Delete TITLE NAME RABIN, WALTER NAME STREET ADDRESS 275 BROADHOLLOW ROAD STREET ADDRESS **MELVILLE NY 11747** CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE GRAF, AURILEE NAME STREET ADDRESS 275 BROADHOLLOW ROAD STREET ADDRESS CITY-ST-ZIP **MELVILLE NY 11747** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME DIGIACOMO, JOHN NAME STREET ADDRESS STREET ADDRESS 275 BROADHOLLOW ROAD CITY-ST-ZIP CITY-ST-ZIP **MELVILLE NY 11747** Change ☐ Addition ☐ Delete TITLE KACZOREK, CHARLES NAME 275 BROADHOLLOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELVILLE NY 11747** ☐ Change ☐ Addition ☐ Delete TITLE TITI F HEPTIG, RICHARD NAME NAME STREET ADDRESS 275 BROADHOLLOW ROAD STREET ADDRESS CITY-ST-ZIP **MELVILLE NY 11747** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE STAGNARI, JIM NAME NAME 275 BROADHOLLOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-71P **MELVILLE NY 11747** CITY-ST-7IP 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: LOUNG OFFICE OF ORDER

7-7-01

631-777-5720

Daytime Phone #