2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F0000000200

1. Entity Name

ALL POINTS CAPITAL CORP.

FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90198 036 ***550.00

Principal Place of Business		Mailing Address							
275 BROADHOLLOW ROAD		275 BROADHOLLOW ROAD			1				
MELVILLE NY 11747		MELVILLE NY 11747							
						4 1001100 1611 10161 00111 63 161 069	1 88 121 88 116		r 88111 F811 1881
-									
2. Principal Place of Business		3. Mailing Address				I CBACION CITY DOLL OF DOLL AND IN COLUMN	f va lli bb ill	ORCH SOLD HOL	i
0.22.4.1					_				
Suite, Apt	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			1	FEI Number 44 or 40000			Applied For
		5.0, 5.5		7	11-3516828			lot Applicable	
Zip Country		Zip Cou		y		5. Certificate of Status Desired \$8.75 Additional			
6. Name and Address of Current							Fee Requir		
		7. Name and Address of New Registered Agent							
NATIONAL CORPORATE RESEARCH, LTD., INC.				-Name					
		Street Addres		s (P.O. E	Box Number is Not Acceptable				
	YS STREET, SUITE #2		-						
IALLAMA	SSEE F L 32301		L						
				City	,		FL	Zip Cod	de
8. The above	named entity submits this statement for	the purpose of changing its		d office or regist	tered ac	gent, or both, in the State of Flor		familiar with	and accent
the obliga	tions of registered agent.	, , , , , , , , , , , , , , , , , , , ,	- · · · · · · · · · · · · · · · · · · ·				iou. Tum	TOTAL TOTAL	i, and doodpi
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature requir	ired when re	einstating)	DATE		
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW	III EEE I	S \$550 00					
Tax filing	requirement and elects to do so.	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750			0.00	 Election Campaign Fina Trust Fund Contribution 			00 May Be
(See crite	ria on back)	Make Check Payal	ble to De	partment of S	tate	Trust rund Contribution	. L	J Adde	d to Fees
11,	OFFICERS AND [DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 11
TITLE			TITLE					☐ Change	☐ Addition
NAME	RABIN, WALTER	NAM							
STREET ADDRESS CITY-ST-ZIP	275 BROADHOLLOW ROAD MELVILLE NY 11747			ADDRESS					
TITLE			CiTY-S	1-ZIP		<u> </u>			
NAME	S □ Delete GRAF, AURILEE		TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	275 BROADHOLLOW ROAD			ADDRESS					
CITY-ST-ZIP	MELVILLE NY 11747		CITY-S	ľ				.	
TITLE	T	☐ Delete	TITLE					Change	Addition
NAME	DIGIACOMO, JOHN		NAME					Onlings	
STREET ADDRESS	275 BROADHOLLOW ROAD		STREET	ADDRESS					
CITY-ST-ZIP	MELVILLE NY 11747		CITY-S	T-ZIP					
TITLE	D CONTRACTOR	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	KACZOREK, CHARLES		NAME						
CITY-ST-ZIP	275 BROADHOLLOW ROAD MELVILLE NY 11747		STREET CITY-S	ADDRESS .					
	D		-	1 - 43F					
TITLE NAME	HEPTIG, RICHARD	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	275 BROADHOLLOW ROAD			ADDRESS					
CITY-ST-ZIP	MELVILLE NY 11747		CITY-S						}
TITLE	D	☐ Delete	TITLE					☐ Change	Addition
NAME	STAGNARI, JIM		NAME						
STREET ADDRESS	275 BROADHOLLOW ROAD		STREET	ADDRESS]
CITY-ST-ZIP	MELVILLE NY 11747		CITY-ST	r-ZIP					

13. I hereby certify that the information supplied with this filling 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:

7/29/02 631-777-5720