

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 19 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005118

1. Entity Name
CUSTOM CAPITAL CORP.Principal Place of Business
4780 SUNRISE HIGHWAY
MASSAPEQUA PARK, NY 11762Mailing Address
4780 SUNRISE HIGHWAY
MASSAPEQUA PARK, NY 11762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3326726

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	LEWKOWITZ, FRANK	
STREET ADDRESS	4780 SUNRISE HIGHWAY	
CITY-STATE-ZIP	MASSAPEQUA PARK, NY 11762	

TITLE	DST	<input type="checkbox"/> Delete
NAME	FAILING, JEFFREY	
STREET ADDRESS	4780 SUNRISE HIGHWAY	
CITY-STATE-ZIP	MASSAPEQUA PARK, NY 11762	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	Secretary, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Failing, Jeffrey	
STREET ADDRESS	4780 Sunrise Hwy	
CITY-STATE-ZIP	Massapequa Park, NY 11762	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: *Frank Lewkowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

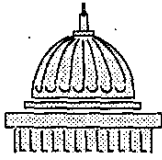
Frank Lewkowitz

6/10/03 516 798-4100

Date

Daytime Phone #

CH2EC34 (10/02)



Customized Financing

Custom Capital Corporation

4780 Sunrise Highway
Massapequa Park, NY 11762
(516) 396-9700 • FAX (516) 396-0362
TOLL FREE: 1-866-368-4585
Website: customcapitalcorp.com

June 10, 2003

DEPARTMENT OF STATE

To whom it may concern:

Please be advised we did not receive the form to file a Uniform Business Report until it was faxed to us on June 10th from Compliance Specialists. Therefore, we ask that you waive the late filing fee.

We are enclosing the completed report along with a check for \$150.00. We hope this will be acceptable and thank you for your kind cooperation in this matter.

Sincerely,



Frank Lewkowitz

RECEIVED
03 JUN 12 PM 4:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA