## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jun 19, 2002 8:00 am Secretary of State M42462 DOCUMENT # 1. Entity Name 06-19-2002 90457 020 \*\*\*158.75 ALVIN S. SCHWARTZ CPA. P.A. Principal Place of Business Mailing Address 22668 CARAVELLE CIRCLE 22668 CARAVELLE CIRCLE **BOCA RATON FL 33433 BOCA RATON FL 33433** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2740498 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, ALVIN, S Street Address (P.O. Box Number is Not Acceptable) 22666 CARAVELLE CIRCLE **BOCA RATON FL 33433** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME SCHWARTZ, ALVIN S NAME 22666 CARAVELLE CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME NAME

13. Thereby 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CR2E034 (9/01

☐ Addition

Alvin & Barbara Schwartz 6-11 Rolling Hills Condos Lenox, MA 01240

achment. ument# 11142462

DIVISION OF CORPORATIONS UNIFORM SUSINESS REPORT FILINGS 10 dox 1500 TALLAHASSEE, FL 32302-1500

TUVE 10, 2002 8 69680

RE: ALVIN S. SEWARTZ CAA PA SIGMA CAPITAL WARP 4002 UDIFORM BUSINESS REPORTS

ENCLOSED PLEASE FIND 2002 UNIFORM BUSINESS GENTLEMEN: REPORT FOR EACH OF THE ABOVE-NAMED FURIDA COMPORATIONS, TOGETHER WITH CHECKS IN PAYMENT

THE LATE-FILING PENALTY INVOLVED FOR EACH RORPORATION. AS YOU MIGHT HAVE NOTED, I HAVE A SUMMER MAILING ADDRESS IN LENOX AND THESE TWO FORMS WERE INADVERTENTLY MIXED IN WITH THE MASSACHUSETTS FILES, AND I DISCOVERED MY ERMA WHEN T-ARMINED-IN-LENDX THIS PAST WEEKEND AND REVIEWED THEFILES

THANK YOU FOR YOUR FAVORABLE DECISION
IN REGARD TO THIS REPNEST AWIN S. Sette ARTZ CPA PA By I Rlw & Llot, PRESDENT

SIRMA PAPITAL CORP By: Who Ithat PRES DENT