

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90457 019 ***158.75

DOCUMENT # P97000093063

1. Entity Name
SIGMA CAPITAL CORP.

Principal Place of Business
22668 CARAVELLE CIRCLE
BOCA RATON FL 33433

Mailing Address
22668 CARAVELLE CIRCLE
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0793923

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ALVIN S
22668 CARAVELLE CIRCLE
BOCA RATON FL 33433

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ALVIN S	
STREET ADDRESS	22668 CARAVELLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

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

Attachment
Document #
997000093063

JUNE 10, 2002

869681

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO Box 1500
TALLAHASSEE, FL 32302-1500

RE: ALVIN S. SCHWARTZ CPA PA
AND
SIGMA CAPITAL CORP
2002 UNIFORM BUSINESS REPORT

GENTLEMEN:
ENCLOSED PLEASE FIND 2002 UNIFORM BUSINESS
REPORT FOR EACH OF THE ABOVE-NAMED FLORIDA
CORPORATIONS, TOGETHER WITH CHECKS IN PAYMENT
OF SAME.

I RESPECTFULLY REQUEST AN ABATEMENT OF
THE LATE-FILING PENALTY INVOLVED FOR EACH
CORPORATION. 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 ERROR WHEN I ARRIVED IN LENOX THIS PAST
WEEKEND AND REVIEWED THE FILES

THANK YOU FOR YOUR FAVORABLE DECISION
IN REGARD TO THIS REQUEST

ALVIN S. SCHWARTZ CPA PA
By: Alvin S. Schwartz, PRESIDENT

SIGMA CAPITAL CORP
By: Alvin S. Schwartz
PRESIDENT