

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 97000093063**

1. Entity Name

SIGMA CAPITAL CORP.



FILED
03 APR 28 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600015477896
04/08/03--01072--023 **158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22668 CARAVELLE CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL

City & State

4. FEI Number

65-0793923

Applied For

Not Applicable

Zip
33433

Country

Zip

Country

5. Certificate of Status Desired

X **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALVIN S. SCHWARTZ
22668 CARAVELLE CIRCLE

Street Address (P.O. Box Number is Not Acceptable)

City **BOCA RATON**

FL FL

Zip Code **33433**

**DO NOT WRITE
IN THIS SPACE**

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

Alvin S. Schwartz

3-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$250.00
Assessed UBR is \$61.25
Main Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ALVIN S. SCHWARTZ 22668 CARAVELLE CIRCLE BOCA RATON, FL 33433 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alvin S. Schwartz President

3-15-03

361-367-9883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/4/5