

UCC-1 Form

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FILER INFORMATION

Full name: **UCC CORPORATE SERVICES INC.** Phone: **516-538-2315**

CONTACT INFORMATION

Contact name: **CLAIRE BURNS**

Street #1: **215 HILTON AVENUE**

City: **HEMPSTEAD** State: **NY** ZIP: **11550** Country: **USA**

Notification Method: **E-Mail** Email: **cb@lawfirmonline.com**

DEBTOR INFORMATION

Org. Name: **SLAVIN POINT JUDITH COMPANY, LLC**

Org. Type: **LLC** Jurisdiction: **RI** Org. ID: **UNKNOWN**

Mailing Address1: **800 FOOD CENTER DRIVE, UNIT 37**

City: **BRONX** State: **NY** ZIP: **10474** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **NORTH FORK BANK**

Mailing Address1: **275 BROAD HOLLOW ROAD**

City: **MELVILLE** State: **NY** ZIP: **11747** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS