

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P26455

1. Entity Name

LOUIS TAMIS & SONS, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90034 011 ***150.00

Principal Place of Business

10 EAST 38TH STREET
NEW YORK NY 10016

Mailing Address

10 EAST 38TH STREET
NEW YORK NY 10016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2636182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILITZOK, NATHAN, ESQ.
4601 SHERIDAN ST. #302
HOLLYWOOD FL 33021

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Delete
NAME	TAMIS, CLIFFORD	
STREET ADDRESS	4 COLE DR.	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	☐ Delete	
NAME	* President	
STREET ADDRESS	TAMIS, WILLIAM	
CITY-ST-ZIP	52 SUZANNE LANE	
	PLEASANTVILLE NY 10570	
TITLE	☐ Delete	
NAME	Jeffrey Tamis V.P.	
STREET ADDRESS	4 Cole Drive	
CITY-ST-ZIP	Armonk, NY 10504	
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	President
STREET ADDRESS	William Tamis
CITY-ST-ZIP	44 Miller Circle
	Armonk, NY 10504
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

Daytime Phone #

CR2E034 (10/00)