2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # DOGASS



| 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) | | | | FILED Apr 17, 2003 8:00 am Secretary of State | n |
|---|---|---|---------------------------------------|--|--------------------|
| DOCUMENT # P26455 | | | | Secretary of State | |
| 1. Entity Name LOUIS TAMIS & | SONS, INC. | | | 04-17-2003 90180 037 ***150.00 | |
| Principal Place of Busi 10 EAST 38TH STREET NEW YORK NY 10016 | iness | Mailing Address 10 EAST 38TH STREET NEW YORK NY 10016 | | | |
| 2. Principal Place of B | dusiness | 3. Mailing Address | | I IBRAIDEA ITO AIDIO BAIAN BABAI DINGA DANA BABAN BABA | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | - |
| City & State | | City & State | | 4. FEI Number 13-2636182 Applied For Not Applicable | le le |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | |
| 6. Na | ame and Address of Cur | rent Registered Agent | | 7. Name and Address of New Registered Agent | \exists |
| | | | Name | | |
| MILITZOK, NATHAN, ESQ. | | | Street Addres | s (P.O. Box Number is Not Acceptable) | _ |
| 4601 SHERIDAN S | ST. #302 | | | | |
| HOLLYWOOD FL | 33021 | | | | |
| | | | City | FL Zip Code | 1 |
| 8. The above named of the obligations of re | | ent for the purpose of changing its | registered office or regis | tered agent, or both, in the State of Florida. I am familiar with, and accept | t |
| SIGNATURE | yped or printed name of registered | agent and title if applicable. (NOTE | : Registered Agent signature requ | ired when reinstating) DATE | |
| After May 1, | W!!! FEE IS \$150.00 2003 Fee will be \$550 e to Florida Departme | .00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | |
| 10. | . OFFICERS | AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | \exists \angle |
| STREET ADDRESS 44 MILL | WILLIAM LER CR IK NY 10504 | _ □ Delete □ . | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | =034 (10/02) |

TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #