

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90721 036 \*\*\*150.00

**DOCUMENT # F01000005229**

1. Entity Name  
**BRAMSON HOUSE, INC.**

Principal Place of Business  
**5 NASSAU STREET**  
**ROCKVILLE CENTRE-NY 11571.**

Mailing Address  
**5 NASSAU STREET**  
**ROCKVILLE CENTRE NY 11571**

2. Principal Place of Business  
**151 Albany Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**151 Albany Ave.**  
 Suite, Apt. #, etc.

City & State  
**Freeport, NY**  
 Zip  
**11520**  
 Country  
**USA**

City & State  
**Freeport, NY**  
 Zip  
**11520**  
 Country  
**USA**

4. FEI Number  
**11-2338683**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HOCHBERG, ROBERT N**  
**220 ONON DAGA AVE.**  
**PALM BEACH FL 33480**

**7. Name and Address of New Registered Agent**

Name **(same.)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**606 North Olive Ave.**  
**West Palm Beach**  
 City **FL** Zip Code **33401**

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 **Robert Hochberg**  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME                   | STREET ADDRESS          | CITY-ST-ZIP                | Delete                   |
|-------|------------------------|-------------------------|----------------------------|--------------------------|
| OD    | <b>ABRAMSON, ELLIS</b> | <b>3041 WYNSUM</b>      | <b>MERRICK NY</b>          | <input type="checkbox"/> |
| TD    | <b>ABRAMSON, BETTY</b> | <b>12 VOORHUS AVE.</b>  | <b>ROCKVILLE CENTRE NY</b> | <input type="checkbox"/> |
| CD    | <b>ABRAMSON, JULES</b> | <b>12 VOORHILL AVE.</b> | <b>ROCKVILLE CENTRE NY</b> | <input type="checkbox"/> |
|       |                        |                         |                            | <input type="checkbox"/> |
|       |                        |                         |                            | <input type="checkbox"/> |
|       |                        |                         |                            | <input type="checkbox"/> |
|       |                        |                         |                            | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS         | CITY-ST-ZIP | Change                              | Addition                 |
|-------|------|------------------------|-------------|-------------------------------------|--------------------------|
|       |      | <b>12 Voorhis Ave</b>  |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |      | <b>12- Voorhis Ave</b> |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |      |                        |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                        |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                        |             | <input type="checkbox"/>            | <input type="checkbox"/> |

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

Date **4/30/02** Daytime Phone #

CR2E034 (9/01)