

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91006 019 ***150.00

0578988 AT

DOCUMENT # F01000000278

1. Entity Name
LOUIS J. SOLOMON, INC.

Principal Place of Business

**31 SKYLINE DRIVE
 PLAINVIEW NY 11803**

Mailing Address

**31 SKYLINE DRIVE
 PLAINVIEW NY 11803**

2. Principal Place of Business

25 RANICK ROAD

Suite, Apt. #, etc.

3. Mailing Address

25 RANICK ROAD

Suite, Apt. #, etc.

City & State
HARPAUGE NY

Zip
11788

Country
USA

City & State
HARPAUGE NY

Zip
11788

Country
USA

4. FEI Number

13-2513615

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REILLY, LESLIE
 1855 GRIFFIN RD, STE C216
 DANIA BEACH FL 33004**

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

Leslie Reilly 2/25/02
 (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

TITLE NAME ☐ Delete
PCD WEISBROT, STEVEN
 STREET ADDRESS **31 SKYLINE DRIVE**
 CITY-ST-ZIP **PLAINVIEW NY 11803**

TITLE NAME ☐ Delete
SD WEISBROT, MICHAEL
 STREET ADDRESS **31 SKYLINE DRIVE**
 CITY-ST-ZIP **PLAINVIEW NY 11803**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
25 RANICK ROAD
 STREET ADDRESS **HARPAUGE NY 11788**
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
25 RANICK ROAD
 STREET ADDRESS **HARPAUGE NY 11788**
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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: Michael Weisbrot
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02
 Date

631-232-5320
 Daytime Phone #

CR2E034 (9/01)