

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90222 015 ***150.00

DOCUMENT # F01000000278

1. Entity Name

LOUIS J. SOLOMON, INC.



Principal Place of Business

25 RANICK RD
HAUPPAUGE NY 11788

Mailing Address

25 RANICK RD
HAUPPAUGE NY 11788

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 **13-2513615**

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

Leslie Berly

Street Address (P.O. Box Number is Not Acceptable)

Louis J. Solomon, Inc.

1855 Griffin Rd., Suite C-220

City

Dania Beach

FL

Zip Code

33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|----------------|--------------------|---------------------------------|
| | PCD | | | |
| | WEISBROT, STEVEN | 25 RANICK RD | HAUPPAUGE NY 11788 | |
| | SD | | | |
| | WEISBROT, MICHAEL | 25 RANICK RD | HAUPPAUGE NY 11788 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

SIGNATURE:

Michael Weisbrot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03
Date

631-232-5300
Daytime Phone #

CR2E034 (10/02)