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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
151 Albany Ave.	151 Albany Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Freeport, NY	City & State: Freeport, NY
Zip: 11520 Country: USA	Zip: 11520 Country: USA

4. FEI Number 11-2338683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOCHBERG, ROBERT N 220 ONON DAGA AVE. PALM BEACH FL 33480	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	OD ABRAMSON, ELLIS 3041 WYNSUM MERRRICK NY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ABRAMSON, BETTY 12 VOORHUS AVE. ROCKVILLE CENTRE NY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12 Voorhis Ave
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ABRAMSON, JULES 12 VOORHILL AVE. ROCKVILLE CENTRE NY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12 Voorhis Ave.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #