

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

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

**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

TITLE **OD**
 NAME **ABRAMSON, ELLIS**
 STREET ADDRESS **3041 WYNSUM**
 CITY-ST-ZIP **MERRICK NY**

☐ Delete

TITLE **TD**
 NAME **ABRAMSON, BETTY**
 STREET ADDRESS **12 VOORHUS AVE.**
 CITY-ST-ZIP **ROCKVILLE CENTRE NY**

☐ Delete

TITLE **CD**
 NAME **ABRAMSON, JULES**
 STREET ADDRESS **12 VOORHILL AVE.**
 CITY-ST-ZIP **ROCKVILLE CENTRE NY**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

12 Voorhis Ave

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

12 Voorhis Ave

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #