

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90019 004 ****61.25

0081507

DOCUMENT # N29836

1. Entity Name

CELIA WACHS BERMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**9 UNION AVE.
 BALA CYNWYD PA 19004**

**9 UNION AVE.
 BALA CYNWYD PA 19004**

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

65-0112893

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**OSBORNE, HANKINS, MCLAUREN & REDGRAVE
 998 S. FEDERAL HWY., 2ND FLOOR
 DRAWER 40
 BOCA RATON FL 33421-9740**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, MORTON J.	
STREET ADDRESS	4068 BOCAIRE BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, ROBERT A.	
STREET ADDRESS	4 HANSEN COURT	
CITY-ST-ZIP	NARBERTH PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, PHILIP A.	
STREET ADDRESS	254 COPPER BEECH DR.	
CITY-ST-ZIP	BLUE BELL PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILSTEIN, JANIS	
STREET ADDRESS	710 PERIWINKLE LANE	
CITY-ST-ZIP	WYNNEWOOD PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 617, 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02
 Date

Daytime Phone #

CR2E037 (9/01)