2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700006366

HELENE & ADOLPH BERGER FAMILY FOUNDATION, INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90938 031 ****70.00

TITLE NAME SAME SOLOMON, JACOB SOLOM		W ADOLFT BEHALF (AMILE)	TOONDATION, INC.	100					
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SELTZER, ROBERT A 4200 BISCAYNE BOULEVARD MAMM FL 33137 8. The above named entity submits this statement for the purpose of change of 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 FILE NOW: FEE IS 561.25 9. Election Campaign Financing Trust Fund Contribution. Special Solution, JACOB Trust Fund Contribution. Defences AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. DEFENCE AGENCY ST. 20. SELTZER, ROBERT SHAPE BOULEVARD Trust Funders St. SELTZER, ROBERT SHAPE BOULEVARD Trust Funders St. SELTZER, ROBERT SHAPE BOULEVARD Trust Funders St. SELTZER, ROBERT ST. Trust Funders St. Trust Funders St. SELTZER, ROBERT ST. Trust Funders St. Trust Funders St. SELTZER, ROBERT ST. Trust Funders St. SELTZER, ROBERT ST. Trust Funders St. SELTZER, ROBERT ST. Trust Funders St.		o. Ivalie and Address of Current	negistered Agent	Nar	me /	7. Name and Addr	ess of New Registere	d Agent	
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8. The above named entity sugmits in sistement for the purpose changlooks registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State with obligations of registered agent, or both, in the State of Florida Department of State with obligations of registered agent, or both, in the State of Florida Department of State with obligations of registered agent, or both, in the State of Florida Department of State with obligations of registered agent, or both, in the State of Florida Department of State with obligation and provided when registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both and accept the collegation of registered agent, or both accept the collegati				1 1		m i	F		
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FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	SIGNATORE	Signature, typed or printed fame of registered agent	and title if applicable. (NOT	E: Registered Agents	signature required w	ethan rainetation		<u> </u>	
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Intal 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 and accurate this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiv changed, or on an attachment with

SIGNATURE: