

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006656

1. Entity Name

THE PHILIP AND SYLVIA ROSENBLATT CHARITABLE FOUN

Principal Place of Business

CENTURY VILLAGE
WELLINGTON B. APARTMENT 306
W. PALM BEACH FL 33417

Mailing Address

CENTURY VILLAGE
WELLINGTON B. APARTMENT 306
W. PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GOLDBERG, ADAMS S ESQ.
7770 W. OAKLAND PARK BLVD.
SUITE 470
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE ☐ Delete
NAME ROSENBLATT, SYLVIA
STREET ADDRESS CENTURY VILLAGE, WELLINGTON B, APT. 306
CITY-ST-ZIP W. PALM BEACH FL 33417

TITLE ☐ Delete
NAME TREDY, LOUIS P
STREET ADDRESS CENTURY VILLAGE, WELLINGTON B, APT. 306
CITY-ST-ZIP W. PALM BEACH FL 33417

TITLE ☐ Delete
NAME COHEN, SHASHANA
STREET ADDRESS 216 JAFFA STREET
CITY-ST-ZIP JERUSALEM, ISRAEL 94383

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TREDY, LOUIS P.
STREET ADDRESS CENTURY VILLAGE - BED FOR C-62
CITY-ST-ZIP W. PALM BEACH, FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

Sylvia Rosenblatt - Sylvia ROSENBLATT, Jan 9, 2001

561-689-2676

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90045 026 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-6355169

Applied For ☒

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0092192

CR2E037 (10/00)