

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100370

1. Entity Name

FASHION BUG #3248, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90359 001 \*4,050.00

Principal Place of Business

CROSS COUNTY MALL SHOPPING CENTER  
OKEECHOBEE RD & MILITARY TRAIL  
WEST PALM BEACH FL 33409

Mailing Address

3750 STATE RD.  
7-B-13  
BENSALEM PA 19020

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 **23-3006797**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, KATHLEEN H	
STREET ADDRESS	315 STONEY BROOK RD	
CITY-ST-ZIP	NEWTOWN PA 18940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERN, DORRIT J	
STREET ADDRESS	100 LOIS LANE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPECTER, ERIC M	
STREET ADDRESS	1426 GENTLEMAN'S WAY	
CITY-ST-ZIP	DRESHER PA 19025	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, JON A	
STREET ADDRESS	53 WOOD THRUSH TRAIL WEST	
CITY-ST-ZIP	MEDFORD NJ 08055	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAUB, JONATHON	
STREET ADDRESS	19 COOPER BEACH DRIVE	
CITY-ST-ZIP	LAFAYETTE HILLS PA 19444	
TITLE	V	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN J	
STREET ADDRESS	496 INDIAN ROCK DR.	
CITY-ST-ZIP	SPRINGFIELD PA 19064	

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

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

*John Sullivan* **John Sullivan** 4/6/01 (215) 633-4883

Date

Daytime Phone #

CR2E034 (10/00)