

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90035 026 ****61.25

DOCUMENT # 749351

1. Entity Name

HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, IN

Principal Place of Business

Mailing Address

F I U BAY VISTA
 3000 N E 151ST STREET
 N MIAMI FL 33181
 US

F I U BAY VISTA
 3000 N E 151ST STREET
 N MIAMI FL 33181-3605
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1992826

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDSTEIN, GOLDIE R
HOLOCAUST DOC. & ED. CENTER, INC.
NORTH MIAMI CAMPUS
NORTH MIAMI FL 33181

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOFRICHTER, RITA	
STREET ADDRESS	251-174TH ST., #1819	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, GOLDIE R	
STREET ADDRESS	11470 VICTORIA CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	KENIGSBERG, ROSITA	
STREET ADDRESS	520 HOLIDAY DRIVEA	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVY, HARRY A.	
STREET ADDRESS	1340 BISCAYA DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POTASH, MARILYN	
STREET ADDRESS	1890 N.E. 197 TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIFFER, SYLVIA	
STREET ADDRESS	2365 N.E. 199 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	

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	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nora Gold	
STREET ADDRESS	100 S.E. Fifth Ave. #101	
CITY-ST-ZIP	Boca Raton, Fl 33432	
TITLE	Secretary/Director	<input checked="" 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:

Rosita Kenigsberg
 Rosita Kenigsberg
 Rosita Kenigsberg
 Rosita Kenigsberg

4/4/2000

305-919-5690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)