

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90864 002 \*\*\*\*61.25

0027475

**DOCUMENT # 749351**

1. Entity Name

**HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, IN C.**

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~~  
 US

2. Principal Place of Business

3. Mailing Address

**13899 Biscayne Blvd.**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 404**

City & State

City & State

**North Miami Beach, Fl**

4. FEI Number

**59-1992826**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33181**

**US**

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

**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)  
**13899 Biscayne Blvd. #404**

**North Miami Beach,**

City

**FL**

Zip Code  
**33181**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**  Delete  
 NAME **HOFRICHTER, RITA**  
 STREET ADDRESS **251-174TH ST., #1819**  
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **GOLDSTEIN, GOLDIE R**  
 STREET ADDRESS **11470 VICTORIA CIR.**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **EVPD**  Delete  
 NAME **KENIGSBERG, ROSITA**  
 STREET ADDRESS **520 HOLIDAY DRIVEA**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **LEVY, HARRY A.**  
 STREET ADDRESS ~~**1340 BISCAYA DRIVE**~~  
 CITY-ST-ZIP ~~**MIAMI BEACH FL**~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **16445 Collins Ave. #1 B**  
 CITY-ST-ZIP **Sunny Isles, Fl 33160**

TITLE **TD**  Delete  
 NAME **GOLD, NORA**  
 STREET ADDRESS **100 S.E. FIFTH AVE 101**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **ZIFFER, SYLVIA**  
 STREET ADDRESS **2365 N.E. 199 ST.**  
 CITY-ST-ZIP **N. MIAMI BEACH FL**

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: Rositta Kenigsberg *Rositta E. Kenigsberg Esq.* 3/25/02 (305) 919-5690

CR2E037 (9/01)