

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90149 016 ****61.25

0330187

DOCUMENT # 749351



1. Entity Name
HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, IN C.

Principal Place of Business Mailing Address
13899 BISCAYNE BLVD #404 **13899 BISCAYNE BLVD #404**
NORTH MIAMI BEACH FL 33181 **NORTH MIAMI BEACH FL 33181**
US **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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GOLDSTEIN, GOLDIE R
HOLOCAUST DOC. & ED. CENTER, INC.
13899 BISCAYNE BLVD
NORTH MIAMI BEACH 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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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 DRIVE A	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVY, HARRY A	
STREET ADDRESS	16445 COLLINS AVE #1 B	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOLD, NORA	
STREET ADDRESS	100 S.E. FIFTH AVE 101	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvia Ziffer	
STREET ADDRESS	2365 N. E. 199th St.	
CITY-ST-ZIP	North Miami Beach, FL 33180	
TITLE	Secretary, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Potash	
STREET ADDRESS	1890 N.E. 197th Terrace	
CITY-ST-ZIP	North Miami Beach, FL 33179	

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]* DATE: **4/7/03** PHONE: **305-914-5890**

CR2E037 (10/02)