

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90146 043 ****61.25

DOCUMENT # 762630



1. Entity Name
HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.

Principal Place of Business
**8358 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33351**

Mailing Address
**8358 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33351**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2223621**

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

~~GRAIFMAN, IRVING
7031 NW 104TH AVE
TAMARAC FL 33321~~

Name **MIRIAM FRIDMAN**
Street Address (P.O. Box Number is Not Acceptable) **3301 ARUBA WAY APT M4**
City **COCONUT CREEK** FL **33066**

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 **MIRIAM FRIDMAN + P.R.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/24/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAIFMAN, IRVING	
STREET ADDRESS	7031 NW 104TH AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KLEINBERG, ABRAHAM	
STREET ADDRESS	10207 SUNRISE LKS BLVD #302	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, DAN	
STREET ADDRESS	6410 NW 90 AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LITT, JOSEPH	
STREET ADDRESS	3203 POTOFINO POINT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SCHAGRIN, LEON	
STREET ADDRESS	3900 NW 76TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NEWERSTEIN, ABE	
STREET ADDRESS	7215 PRIMROSE LN	
CITY-ST-ZIP	TAMARAC 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	FELIX PIERSON SA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6203 SEASCAPE TERR.	
CITY-ST-ZIP	BOYTON BCH-FL. 33437	
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	GALY KEDMAN EIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1901 BERMUDA CIR	
CITY-ST-ZIP	COCONUT CREEK FL. 33066	

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: **ABE NEWERSTEIN** *Abel Newerstein* 1/24/03

CR2E037 (10/02)