

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90094 019 ****61.25

DOCUMENT # N14263

1. Entity Name

HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

C/O ED LEFKOWITZ
 1131 SURF RD
 RIVIERA BEACH FL 33404
 US

C/O ED LEFKOWITZ
 1131 SURF RD
 RIVIERA BEACH FL 33404
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2387747

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEFKOWITZ, ED
1131 SURF RD
RIVIERA BEACH FL 33404

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

Ed Lefkowitz

JAN 17, 2001

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 Delete
 NAME **PD LEFKOWITZ, ED**
 STREET ADDRESS **1131 SURF RD**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD GASTWIRTH, ESTHER**
 STREET ADDRESS **223 SOUTHAMPTON B**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD KAUFMAN, HENRY**
 STREET ADDRESS **108 LAKE TERRY DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411-9235**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GLEITMAN, JOSEPH**
 STREET ADDRESS **101 LAKE REBECCA DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411-3372**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Ed Lefkowitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED LEFKOWITZ

Date

1-17-2001 561-842-4089

Daytime Phone #

CR2E037 (10/00)