

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90141 028 \*\*\*\*61.25

**DOCUMENT # N14347**

1. Entity Name

**HOLOCAUST MEMORIAL COMMITTEE, INC.**

Principal Place of Business

**1933 MERIDIAN AVE  
MIAMI BCH. FL 33139  
US**

Mailing Address

**1933-1945 MERIDIAN AVE.  
MIAMI BCH FL 33139  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2659641**

Applied For

Not Applicable

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

**SMITH, HARRY B  
RUDEN BARNETT  
701 BRICKELL AVE #1900  
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
BRAMAN, NORMAN  
ONE SE 3RD AVE., SUITE 2130  
MIAMI BCH FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KATZ, EZRA  
2665 SO-BAYSHORE DR  
COCONUT GROVE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
TREISTER, KENNETH  
3660 BATTERSEA RD  
COCONUT-GROVE-FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SCHAECTER, DAVID  
DNS 3000 NW 125 ST  
MIAMI FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ROTHFIELD, WENDY  
21075 NE 25TH ST  
N. MIAMIA BEACH FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GOLDBLOOM, GEORGE  
201 ALHAMBRA CIRCLE  
CORAL GABLES FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED**

CR2E037 (4/02)

FROM : HOLOCAUST MEMORIAL

PHONE NO. : 3055382423

*Attachment*

Jul. 03 2002 12:19PM P2

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14347 / 675172

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Suite, Apt. #, etc.

City & State

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Country

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4. FEI Number

59-2659641

Applied For

Not Applicable

5. Certificate of Status Desired

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\$6.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HARRY B  
RUDEN BARNETT  
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MIAMI FL 33131

Name

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City

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SIGNATURE

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(NOTE: Registered Agent signature required when amending)

DATE

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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	PT	<input type="checkbox"/> Delete
NAME	BRAMAN, NORMAN	
STREET ADDRESS	ONE SE 3RD AVE., SUITE 2130	
CITY- ST- ZIP	MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KATZ, EZRA	
STREET ADDRESS	2665 SO BAYSHORE DR	
CITY- ST- ZIP	COCONUT GROVE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TREISTER, KENNETH	
STREET ADDRESS	3660 BATTERSEA RD	
CITY- ST- ZIP	COCONUT GROVE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAECTER, DAVID	
STREET ADDRESS	DNS 3000 NW 125 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ROTHFIELD, WENDY	
STREET ADDRESS	21075 NE 25TH ST	
CITY- ST- ZIP	N. MIAMIA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDBLOOM, GEORGE	
STREET ADDRESS	201 ALHAMBRA CIRCLE	
CITY- ST- ZIP	CORAL GABLES FL	

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY B. SMITH	
STREET ADDRESS	701 BRICKELL AVE #1900	
CITY- ST- ZIP	MIAMI, FL 33131	
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		

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SIGNATURE:

*[Signature]* VP