2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14347

1. Entity Name

HOLOCAUST MEMORIAL COMMITTEE, INC.

		_
Principal Place of Business	Mailing Address	····
1933 MERIDIAN AVE MIAMI BCH. FL 33139 US	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 & Ctata	

FILED Jul 17, 2002 8:00 am Secretary of State 07-17-2002 90141 028 ****61.25



Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE						
City & State C					4. FEi Number		Applied For				
Zip Country Z		ip Co		ntry		59-2659641 5. Certificate of Status Desired \$			Not Applicable \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					Ή Τ	7. Name and Address of New Registered Agent					
						Name _		· · · · · · · · · · · · · · · · · · ·	i stored	-yeni	
SMITH, HARRY B RUDEN BARNETT 701 BRICKELL AVE #1900					·- <u> </u>	Street Addres	ss (P.O. Box Number is	Not Acceptable)		·	
miami fl	. &3131				ł	City		*	FL	Zip Co	de
8. The above the obligation of the statement of the state	·				registered	d office or regis	stered agent, or both, in	the State of Florid	a. I am i	familiar with	n, and accept
	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOTE:	: Registered	Agent signature requ	uired when reinstating)		DATE		
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.	1	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIF	ECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Braman, I One se 31 Miami_Bch	RD AVE., SUITE 2130		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, EZR 2665 SO B COCONUT	AYSHORE DR		☐ Delete	TITLE NAME STREET CITY-ST	AODRESS T-ZIP	-			Change	☐ Addition
TITLE Name Street address City-St-Zip	VP TREISTER, 3660 BATT COCONUT-	ersea RD		☐ Delete		ADDRESS	د د امرون			☐ Change	Addition
TITLE Name Street address City-St-Zip	VP SCHAECTE DNS 3000 I MIAMI FL			Delete .	TITLE NAME STREET / CITY-ST			,		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROTHFIELD 21075 NE 2 N. MIAMIA	25TH ST		☐ Delete	TITLE NAME STREET A CITY-ST	·			. (Change	Addition
STREET ADDRESS CITY-ST-ZIP	201 ALHAM CORAL GAE	IM, GEORGE IBRA CIRCLE BLES FL information supplied with	this filing d	Delete	TITLE NAME STREET A CITY-ST-	ZIP			[Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PAGE 272 *RCVD AT 7/3/2012 12:30:59 PN (Eastern Daylight Time) *SVR:FTLFAX/0 * DNIS:4001 * CSID:3055302423 * DURATION (mm.ss)p1:30
FROM: HOLOCAUST MEMORITAL PHONE AID - 378 PM

PHONE NO. : 3055382423

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Jul. 03 2002 12:19PM P2

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2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #-N14347 HOLOGAUST MEMORIAL COMMITTEE, INC. Principal Place of Business Mailing Address 1933 MERIDIAN AVE 1933-1945 MERIDIAN AVE. MIAMI BCH. FL 33139 MIAMI BCH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. ctc. UO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2659641 ₹ip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, HARRY B Street Address (P.O. Box Number is Not Acceptable) RUDEN BARNETT 701 BRICKELL AVE #1900 MIAM FL 33131 City 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 SIGNATURE and Mie il applicable. (NOTE: Registered Agent signature reviewed when reactioning) After September 13, 2002. 9. Election Campaign Financing \$5.00 May Be min. will be \$236.25. Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE ☐ Dulcte TITLE V.P. NAME, BRAMAN, NORMAN Admilion NAME STREET ADDRESS HARRY B. BMITH ONE SE 3RD AVE., SUITE 2130 STREET AUDITESS CITY-ST-ZIP TOI BRICKELL AVE MIAMILECH FL CHIY-ST ZIP TITLE MIAMI FL 33131 ۷P ☐ Delete TITLE NAME KATZ, EZRA Change _ Addition NAME STREET ADORGSS 2665 SO BAYSHORE DR STREET ADDRESS CITY-ST-ZIP <u>Coconut Grove</u> fl CITY-ST-78P MILE ☐ Delete TITLE NAME treister, Kenneth Change NAME ☐ Addition STREET ADDRESS 3660 BATTERSEA AD STREET ADORESS CITY-ST-ZIP <u>COCONUT GROVE FL</u> CHTY-ST-ZIP THE ☐ Dolete TITLE NAME SCHAECTER, DAVID [] Change ☐ Addition NAME STREET ADDRESS DNS 3000 NW 125 ST STREET ADDRESS CITY-ST-ZIP miami fl CDY-\$1-ZP TITLE VΠD ☐ Dafete TITLE HAME ROTHFIELD, WENDY Change ☐ Addition NAMÉ STREET ADDRESS 21075 NE 25TH ST STREET ADDRESS CITY-ST-ZIP <u>N. MIAMIA BEACH FL</u> CITY-ST-ZIP. TITLE VD Delete TITLE NAME GOLDBLOOM, GEORGE Change Lij Addition NAME A STORY STREET ADDRESS 201 ALHAMBRA CIRCLE STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL** CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 end that my signature shall have the came legal effect as it 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 tike empowered.