

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90201 034 ****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**

90024712



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**SMITH, HARRY B
RUDEN BARNETT
701 BRICKELL AVE #1900
MIAMI FL 33131**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<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
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Signature Required** **President** **2/3/2003 305/789-2750**
Date Daytime Phone #

CR2E037 (10/02)