

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90005 037 \*\*\*\*61.25

**DOCUMENT # N24304**

1. Entity Name

**HOLOCAUST SURVIVORS CLUB OF BOCA RATON, INC.**

Principal Place of Business

112 FANSHAW C  
 BOCA RATON FL 33434  
 US

Mailing Address

112 FANSHAW C  
 BOCA RATON FL 33434  
 US

2. Principal Place of Business

**3036 WOLVERTON B**  
 Suite, Apt. #, etc.

3. Mailing Address

**3036 WOLVERTON B**  
 Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

City & State

**BOCA RATON, FL.**

4. FEI Number

**59-2145916**

Applied For

Not Applicable

Zip

**33434**

Country

**W.P.B.**

Zip

**33434**

Country

**W.P.B.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GORBATHY, JULIUS**  
**3036 WOLVERTON B**  
**BOCA RATON FL 33434**

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.

SIGNATURE

*Julius Gorbathy*

Signature and 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. DELETIONS OF OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRNBAUM, SAUL 112 FANSHAW C BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NOWOGROD, SONIA 3054 LINCOLN C BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SINGER, PAULA 2023 AINSLE B BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PAULA, KALINA 4026 YARMOUTH B BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST SILVERMAN, LEONA 198 MANSFIELD E BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUPERBERG, ICEK 4038 WOLVERTON B BOCA RATON FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORBATHY JULIUS 3036 WOLVERTON B BOCA RATON FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEIMAN ISRAEL 2018-GUILFORD A BOCA RATON, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HABERMAN ROBERTA 4026 HYTHE B BOCA RATON, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Julius Gorbathy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)