


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90187 031 ****75.00

DOCUMENT # N24304
1. Entity Name
HOLOCAUST SURVIVORS CLUB OF BOCA RATON, INC.



Principal Place of Business Mailing Address
3036 WOLVERTON B **3036 WOLVERTON B**
BOCA RATON FL 33434 **BOCA RATON FL 33434**
US **US**

2. Principal Place of Business 3. Mailing Address
FANSHAW C **FANSHAW C**
Suite, Apt. #, etc. Suite, Apt. #, etc.
112 **112**

City & State City & State
BOCA RATON FL. **BOCA RATON, FL**
Zip Country Zip Country
33434 **US** **33434** **US**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2145916** Applied For
Not Applicable
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 **BIRNBAUM SAUL**
Street Address (P.O. Box Number is Not Acceptable)
112 FANSHAW C
City **BOCA RATON** FL Zip Code **33434**

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 **BIRNBAUM SAUL** *Saul Birnbaum* Jan 15, 2003
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 **\$5.00** May Be
Trust Fund Contribution. Added to Fees **Make Check Payable to**
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GORBATHY, JULIUS	
STREET ADDRESS	3036 WOLVERTON B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	NEIMAN, ISRAEL	
STREET ADDRESS	2018 GUILFORD A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	RS	<input type="checkbox"/> Delete
NAME	HABERMAN, ROBERTA	
STREET ADDRESS	4026 HYTHE B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	CS	<input type="checkbox"/> Delete
NAME	PAULA, KALINA	
STREET ADDRESS	4026 YARMOUTH B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	FST	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, LEONA	
STREET ADDRESS	196 MANSFIELD E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUPERBERG, ICEK	
STREET ADDRESS	4038 WOLVERTON B	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRNBAUM, SAUL	
STREET ADDRESS	112 FANSHAW C	
CITY-ST-ZIP	BOCA RATON FL. 33434	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH HENRY	
STREET ADDRESS	2028 WOLVERTON B	
CITY-ST-ZIP	BOCA RATON FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEULINGER MARGARET	
STREET ADDRESS	4002 EXETER A	
CITY-ST-ZIP	BOCA RATON FL.	
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: *Saul Birnbaum* SAUL BIRNBAUM Jan. 15, 2003 561-451-1986

CR2E037 (10/02)