

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90171 039 \*\*\*\*61.25

**DOCUMENT # N93000005736**

1. Entity Name

**DEAN/KLUGER JUDAIC COLLECTION, INC.**

Principal Place of Business

**201 S. BISCAYNE BLVD.  
STE 1700  
MIAMI FL 33131  
US**

Mailing Address

**201 S. BISCAYNE BLVD.  
STE 1700  
MIAMI FL 33131  
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

**65-0470276**

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

**KLUGER, ALAN J  
100 CHOPIN PLAZA  
STE 1700  
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.

SIGNATURE

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ROSENFELD, ALVIN H.**  
STREET ADDRESS **UNIVERSITY OF INDIANA GOODBODY HALL 38**  
CITY-ST-ZIP **BLOOMINGTON IN**

TITLE **D** ☐ Delete  
NAME **GRAY, ANITA**  
NAME **KOHN, RONALD**  
STREET ADDRESS **1200 SW 68TH CT**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete  
NAME **KLUGER, ALAN J.**  
STREET ADDRESS **2600 ISLAND BLVD APT 2402**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **D** ☐ Delete  
NAME **DEAN, AMY N.**  
STREET ADDRESS **2600 ISLAND BLVD APT 2402**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Coconut Grove, FL 33133**

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

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

TITLE ☐ Change ☐ 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 REQUIRED**

*Director*

Date

Daytime Phone #

**805/379-9000**

E037 (9/01)