

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90017 001 \*\*\*\*61.25

**DOCUMENT # 762630**

1. Entity Name

**HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.**

Principal Place of Business  
 8358 W. OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33351

Mailing Address  
 8358 W. OAKLAND PARK BLVD.  
 FT. LAUDERDALE FL 33351-7319

00001330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2223621**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRAIFMAN, IRVING**  
**7031 NW 104TH AVE**  
**TAMARAC FL 33321**

Name **Julius Eisenstein**

Street Address (P.O. Box Number is Not Acceptable)  
**2704 NW 104 Ave.**

**Sunrise**

City

**FL**

Zip Code  
**33322**

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 Eisenstein*

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	PD	<input type="checkbox"/> Delete
NAME	GRAIFMAN, IRVING	
STREET ADDRESS	7031 NW 104TH AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	EISENSTEIN, JULIUS	
STREET ADDRESS	2704 N.W. 104TH AVENUE	
CITY-ST-ZIP	SUNRISE, FL 33322	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MORRIS, DAN	
STREET ADDRESS	6410 NW 90 AVE	
ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LITT, JOSEPH	
STREET ADDRESS	3203 POTOFINO POINT	
ST-ZIP	COCONUT CREEK FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SCHAGRIN, LEON	
STREET ADDRESS	3900 NW 76TH AVE	
ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEUERSTEIN, ABE	
STREET ADDRESS	7215 PRIMROSE LN	
ST-ZIP	TAMARAC FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abraham Kleinberg	
STREET ADDRESS	10207 Sunrise Lks Blvd #302	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Eisenstein* President

1-6-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #