

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90146 043 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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 **MIRIAM FRIDMAN**
Street Address (P.O. Box Number is Not Acceptable) **3301 ARUBA WAY APT M4**
City **COCONUT CREEK** FL **33066**

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 **MIRIAM FRIDMAN + P.R.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/24/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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NAME	GRAIFMAN, IRVING	
STREET ADDRESS	7031 NW 104TH AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KLEINBERG, ABRAHAM	
STREET ADDRESS	10207 SUNRISE LKS BLVD #302	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, DAN	
STREET ADDRESS	6410 NW 90 AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LITT, JOSEPH	
STREET ADDRESS	3203 POTOFINO POINT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SCHAGRIN, LEON	
STREET ADDRESS	3900 NW 76TH AVE	
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NAME	NEWERSTEIN, ABE	
STREET ADDRESS	7215 PRIMROSE LN	
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