

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90217 001 \*\*\*\*61.25

**DOCUMENT # N00000000318**

1. Entity Name

**JEWISH MUSEUM OF FLORIDA FOUNDATION, INC.**

Principal Place of Business

4200 BISCAYNE BLVD.  
 MIAMI FL 33137

Mailing Address

4200 BISCAYNE BLVD.  
 MIAMI FL 33137

301 Washington  
 Miami Beach,  
 FL 33139



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

58-2519149

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

SELTZER, ROBERT A  
 4200 BISCAYNE BLVD.  
 MIAMI FL 33137

Herbert Eisenberg  
 4200 Biscayne Blvd  
 Miami, FL 33137

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ZERIVITZ, MARCIA  
 CITY-ST-ZIP 301 WASHINGTON AVE.  
 MIAMI BEACH FL 33139-6965

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GOLDBERG, BARTON  
 CITY-ST-ZIP COLONIAL BANK, 301 41ST ST.  
 MIAMI BEACH FL 33140

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GILLER, NORMAN M  
 CITY-ST-ZIP GILLER & GILLER, 975 41ST ST., STE. 401  
 MIAMI BEACH FL 33140

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS LEVINE, NORMAN  
 CITY-ST-ZIP 11401 BISCAYNE BLVD.  
 MIAMI FL 33181

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SOLOMON, JACOB  
 CITY-ST-ZIP 4200 BISCAYNE BLVD.  
 MIAMI FL 33137

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

TITLE ☐ Delete  
 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:

Marcia Zerivitz  
 Founding Executive Director

4/15/02 305-672-5044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 305-672-5044

CR2E037 (9/01)