

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

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

Marcia Zerivitz

Founding Executive Director
 Marcia Zerivitz

4/15/02

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 ZERIVITZ, MARCIA**
 STREET ADDRESS **301 WASHINGTON AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33139-6965**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SOLOMON, JACOB**
 STREET ADDRESS **4200 BISCAYNE BLVD.**
 CITY-ST-ZIP **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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Marcia Zerivitz, Founding Exec. Director** Date: **4/15/02** Daytime Phone #: **305-672-5044**

CR2E037 (9/01)