

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000318

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: JEWISH MUSEUM OF FLORIDA FOUNDATION, INC.

**Current Principal Place of Business:**

4200 BISCAYNE BLVD.  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

301 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 58-2519149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISENBERG, HERBERT  
4200 BISCAYNE BLVD.  
MIAMI, FL 33137

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZERIVITZ, MARCIA  
Address: 301 WASHINGTON AVE.  
City-St-Zip: MIAMI BEACH, FL 331396965

Title: D ( ) Delete  
Name: GOLDBERG, BARTON  
Address: COLONIAL BANK, 301 41ST ST.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: GILLER, NORMAN M  
Address: GILLER & GILLER, 975 41ST ST., STE. 401  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: LEVINE, NORMAN  
Address: 11401 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete  
Name: SOLOMON, JACOB  
Address: 4200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA ZERIVITZ

D

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date