

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008020**

1. Entity Name

THE INTERFAITH HOLOCAUST MEMORIAL FUND, INC.**FILED****Jan 21, 2002 8:00 am**
Secretary of State

01-21-2002 90040 020 *****61.50

0084/75

Principal Place of Business

Mailing Address

**702A SE 24TH AVE.
CAPE CORAL FL 33990****702A SE 24TH AVE.
CAPE CORAL FL 33990**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1062138

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, PAULINE
5115 SUNNYBROOK CT
CAPE CORAL FL 33990**

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 \$61.259. 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 **DP** ☐ Delete
NAME **KAUFMAN, NORMAN A**
STREET ADDRESS **1326 SE 21ST AVE**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DV** ☐ Delete
NAME **COHEN, ALBERT**
STREET ADDRESS **1551 SUNNYBROOK COURT**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **COHEN, PAULINE**
STREET ADDRESS **1551 SUNNYBROOK COURT**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **KAUFMAN, NANCY K**
STREET ADDRESS **1326 SE 21ST AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33990**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MELNICK, BERNARD**
STREET ADDRESS **5817 SW 1ST AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 941-574-3142

CR2E037 (9/01)