

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90004 050 ****70.00

DOCUMENT # N14347

1. Entity Name

HOLOCAUST MEMORIAL COMMITTEE, INC.

Principal Place of Business

1933 MERIDIAN AVE
 MIAMI BCH. FL 33139
 US

Mailing Address

1933-1945 MERIDIAN AVE.
 MIAMI BCH FL 33139
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2659641

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, HARRY B
 RUDEN BARNETT
 701 BRICKELL AVE #1900
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

TITLE **PT** Delete
 NAME **BRAMAN, NORMAN**
 STREET ADDRESS **ONE SE 3RD AVE., SUITE 2130**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE **VP** Delete
 NAME **KATZ, EZRA**
 STREET ADDRESS **2665 SO BAYSHORE DR**
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **VP** Delete
 NAME **TREISTER, KENNETH**
 STREET ADDRESS **3660 BATTERSEA RD**
 CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **VP** Delete
 NAME **SCHAECTER, DAVID**
 STREET ADDRESS **DNS 3000 NW 125 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VTD** Delete
 NAME **ROTHFIELD, WENDY**
 STREET ADDRESS **21075 NE 25TH ST**
 CITY-ST-ZIP **N. MIAMIA BEACH FL**

TITLE **VD** Delete
 NAME **GOLDBLOOM, GEORGE**
 STREET ADDRESS **201 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V.P.** Change Addition
 NAME **HARRY B. SMITH**
 STREET ADDRESS **701 BRICKELL AVE #1900**
 CITY-ST-ZIP **MIAMI, FL 33131**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HARRY B. SMITH

1/20/00 *305-789-2750*
 Date Daytime Phone #

CR2007 10/00