

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90053 014 \*\*\*\*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

**66006173**



01142005 No Chg-NP CR2E037 (10/03)

**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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRAMAN, NORMAN ONE SE 3RD AVE, SUITE 2130 2060 Biscayne Blvd MIAMI BCH, FL MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, EZRA 2665 SO BAYSHORE DR COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREISTER, KENNETH 3660 BATTERSEA RD COCONUT GROVE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHAECTER, DAVID ONS 3000 NW 125 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROTHFIELD, WENDY 21075 NE 25TH ST 2000 Island Blvd. #406 N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDBLOOM, GEORGE 201 ALHAMBRA CIRCLE CORAL GABLES, FL

**DO NOT WRITE  
IN THIS SPACE**

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 #

3-7-05 305-576-1889