

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**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**



01072008 No Chg-NP CR2E037 (4/06)

**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 \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MUSS, SANDRA
STREET ADDRESS	1800 W 25TH ST
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	KATZ, EZRA
STREET ADDRESS	2665 SO BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	VP
NAME	TREISTER, KENNETH
STREET ADDRESS	3660 BATTERSEA RD
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	VP
NAME	SCHAECTER, DAVID
STREET ADDRESS	DNS 3000 NW 125 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VPD
NAME	ROTHFIELD, WENDY
STREET ADDRESS	2000 ISLAND BLVD #406
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	VP
NAME	RESNICK, JAMES
STREET ADDRESS	1228 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33139

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01/14/08-80004-021 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #