

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N14792**

1. Entity Name

**THE WORKMEN'S CIRCLE CULTURAL FOUNDATION OF THE**

Principal Place of Business

3502 BIMINI LANE  
F3  
COCONUT CREEK FL 33066  
US

Mailing Address

C/O CHARLES INFELD  
3502 BIMINI LANE, F-3  
COCONUT CREEK FL 33066  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2652106

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFELD, CHARLES  
3502 BIMINI LANE  
F-3  
COCONUT CREEK FL 33068

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUCKWEITZ, JOSEPH  
2102 LUCAYA II, 03  
COCONUT CREEK FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
WEISTEIN, AL  
157 BRITTANY D  
DELRAY BEACH FL 33446 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KAPLAN, HYMAN  
6361 FALLS CIRCLE DR.  
LAUDERHILL FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HARCHIK, ABRAM  
1750 NE 191ST ST #311  
NORTH MIAMI FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
INFELD, CHARLES  
3502 BIMINI LANE, F-3  
COCONUT CREEK FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERKENWALD, ROSE  
6700 OVERLAND DR  
DELRAY FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/1/01  
Date(954) 974-3429  
Daytime Phone #**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90312 029 \*\*\*\*61.25

724672



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)