

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90875 020 \*\*\*\*61.25

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DOCUMENT # N14792

1. Entity Name

THE WORKMEN'S CIRCLE CULTURAL FOUNDATION OF THE  
SOUTHERN REGION, INC.

Principal Place of Business

Mailing Address

3502 BIMINI LANE  
F3  
COCONUT CREEK FL 33066  
US

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 & State

City & 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 ☐ Delete  
NAME D  
STREET ADDRESS BUCKWEITZ, JOSEPH  
CITY-ST-ZIP 2102 LUCAYA II, 03  
COCONUT CREEK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME C  
STREET ADDRESS WEISTEIN, AL  
CITY-ST-ZIP 157 BRITTANY D  
DELRAY BEACH FL 33446

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KAPLAN, HYMAN  
CITY-ST-ZIP 6361 FALLS CIRCLE DR.  
LAUDERHILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS HARCHIK, ABRAM  
CITY-ST-ZIP 1750 NE 191ST ST #311  
NORTH MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR  
STREET ADDRESS FLORENCE DICKS  
CITY-ST-ZIP 9581 SUNRISE LAKES  
SUNRISE, FL 33322

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS INFELD, CHARLES  
CITY-ST-ZIP 3502 BIMINI LANE, F-3  
COCONUT CREEK FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BERKENWALD, ROSE  
CITY-ST-ZIP 6700 OVERLAND DR  
DELRAY FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES INFELD 3/25/02 (954) 974-3429

Date

Daytime Phone #

CR2E037 (9/01)