

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000548

1. Entity Name

CHILDREN'S HOLOCAUST MEMORIAL, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90007 007 ****61.25

Principal Place of Business	Mailing Address
7385 SW 131 STREET MIAMI FL 33156	7385 SW 131 STREET MIAMI FL 33156-5369

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0554698	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SPIEGEL, IRVING A 7385 SW 131 STREET MIAMI FL 33156

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 _____ (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	PST <input type="checkbox"/> Delete
NAME	SPIEGEL, IRVING A
STREET ADDRESS	7385 SW 131 STREET
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete
NAME	RAVENNA, TIMOTHY
STREET ADDRESS	7385 SW 131 STREET
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete
NAME	WILKERSON, THOMAS
STREET ADDRESS	7385 SW 131 STREET
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete
NAME	SILVERMAN, JON
STREET ADDRESS	7385 SW 131 STREET
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete
NAME	URBAN, GART
STREET ADDRESS	7385 SW 131ST STREET
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete
NAME	MARMORSTEIN, DANIEL
STREET ADDRESS	7385 SW 131ST STREET
CITY-ST-ZIP	MIAMI FL 33156

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 1/4/2000 305-235-9248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)