

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005122

1. Entity Name

INTERNATIONAL HOLOCAUST EDUCATIONAL CENTER, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90071 032 ****61.25

Principal Place of Business Mailing Address
C/O RIDEN, EARLE & KIEFNER, P.A. C/O RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVE S. 4TH FLOOR NORTH TOWER 100 2ND AVE S. 4TH FLOOR NORTH TOWER
ST PETERSBURG FL 33701 ST PETERSBURG FL 33701-4360

2. Principal Place of Business 3. Mailing Address
c/o D.J. Snyder 6529 Central Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.
Becker & Poliakoff, P.A.

City & State City & State
401 E. Jackson St., Tampa St. Petersburg, Florida

Zip Country Zip Country
FL 33602 USA 33710 USA

4. FEI Number 59-3353143 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, D J
100 2ND AVE S
4TH FLOOR NORTH TOWER
ST PETERSBURG FL 33701

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

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	DAVID, LOEBENBERG	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	T	<input type="checkbox"/> Delete
NAME	WERLY, AL	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MIZRAHI, RALPH	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOEBENBERG, WALTER P	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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: *Walter Loebenberg* DATE: 04/03/00 (727) 347-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)