

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001186</b> 1. Entity Name <b>UNITED COMMITTEE OF HOLOCAUST SURVIVORS OF LODZ AND VICINITY, INC.</b>					
Principal Place of Business <b>1912 S OCEAN DR 18-A TOWER 1 HALLANDALE FL 33009 US</b>			Mailing Address <b>1912 S OCEAN DR 18-A-1 HALLANDALE FL 33009 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0822017</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HERSKOWITZ, LEON 1912 S OCEAN DR 18A-1 HALLANDALE FL 33009</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERSKOWITZ, LEON		NAME		
STREET ADDRESS	1912 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLADY, ABY		NAME		
STREET ADDRESS	400 LESLEE DR		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESSERMAN, SAM		NAME		
STREET ADDRESS	1865 PARKVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREED, STANELY		NAME		
STREET ADDRESS	600 PARKVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIB, JACK		NAME		
STREET ADDRESS	3101 S OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERSKOWITZ, LARRY		NAME		
STREET ADDRESS	600 PARKVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		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)(f), 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.					
<b>SIGNATURE:</b> <u>Leon HERSKOWITZ</u> <u>3-23-2005</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					



1st MOORE CR2E037 (10/04)

Applied For  
Not Applicable

FL Zip Code

1100000275462  
03/25/05-80001-004 61.25