

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N00000000413

1. Entity Name  
CHABAD OF KEY BISCAYNE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV -5 PM 12:48

Principal Place of Business Mailing Address  
9457 BYRON AVENUE 9457 BYRON AVENUE  
SURFSIDE FL 33154 SURFSIDE FL 33154



DO NOT WRITE IN THIS SPACE

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 ☒ 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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:  
FEES \$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 D  
NAME ELFENBEIN, PAMELA  
STREET ADDRESS 6181 W. SUBURNAN DRIVE  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE D  
NAME CAROLINE, EMMA  
STREET ADDRESS 9457 BYRON AVENUE  
CITY-ST-ZIP SURFSIDE FL 33154 ☐ Delete

TITLE D  
NAME CAROLINE, JOEL  
STREET ADDRESS 9457 BYRON AVENUE  
CITY-ST-ZIP SURFSIDE FL 33154 ☐ Delete

TITLE D  
NAME COHEN, BARRY  
STREET ADDRESS 111 S.W. 3RD ST PENT HOUSE  
CITY-ST-ZIP MIAMI FL 33154 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5/4/01 90148 008 61.25  
CITY-ST-ZIP

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

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

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

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: *Joel Cohen* 4/26/01 305 725 5956

Chabad of Key Biscayne, Inc.  
9457 Byron Avenue  
Surfside, FL 33154

CT

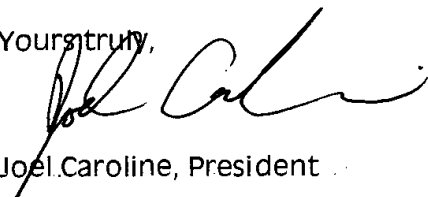
October 30, 2001

Department of State  
Division of Corporations  
POB 6327  
Tallahassee, FL 32314

RE: Annual Report - Chabad of Key Biscayne, Inc.  
Acct: N00000000413

It has come to my attention that my original annual report which was due May 1, 2001 was filed on or around April 26, 2001 (copy enclosed). Please adjust our record and advise. If you never received the original form, I will promptly send a new one. Thank you in advance for your consideration.

Yours truly,

  
Joel Caroline, President