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 SURFSIDE FL 33154	9457 BYRON AVENUE 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELFENBEIN, PAMELA 6181 W. SUBURNAN DRIVE MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5/4/01 90148 008 61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAROLINE, EMMA 9457 BYRON AVENUE SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAROLINE, JOEL 9457 BYRON AVENUE SURFSIDE FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, BARRY 111 S.W. 3RD ST PENT HOUSE MIAMI FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition ISAAC SALVER 1111 KANE CONCOURSE #211 BAY HARBOR ISLANDS, FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/26/01 305 725 5956

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

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