

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90069 034 ****61.25

DOCUMENT # N98000004658

1. Entity Name

CHABAD LUBAVITCH OF VENETIAN CAUSEWAY AND SURROUNDING ISLANDS, INC.

Principal Place of Business

Mailing Address

115 -7TH OILDO TERR
 MIAMI BEACH FL 33139

115 -7TH OILDO TERR
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

115 7TH TER.

115 7TH TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OILDO IS.

OILDO IS.

City & State

City & State

MIAMI BE. FL.

MIAMI BE. FL.

Zip

Country

Zip

Country

33139

33139

4. FEI Number

65-0860163

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. 18TH 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)

1/22/02
 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 ☐ Delete
 NAME **D MANN, ABRAHAM**
 STREET ADDRESS **115 -7TH OILDO TERR**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
 NAME **D MANN, CHAYA T**
 STREET ADDRESS **115 -7TH OILDO TERR**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
 NAME **D KATZMAN, MARK**
 STREET ADDRESS **5 ISLAND AVE. #15D**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

305 535 8263
 Daytime Phone #

CR2E037 (9/01)

0095675