

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005258

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** CHABAD LUBAVITCH OF NORTH MIAMI, INC.

**Current Principal Place of Business:**

1948 NE 123 STREET  
SUITE 101-3  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1948 NE 123 STREET  
SUITE 101-3  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 65-1124450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPSYC, RABBI A  
11650 NE 21 DR  
N. MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LIPSYC, RABBI A  
Address: 11650 NE 21 DR  
City-St-Zip: N. MIAMI, FL 33181

Title: STD  
Name: LIPSYC, RIVKA  
Address: 11650 NE 21 DR  
City-St-Zip: N. MIAMI, FL 33181

Title: VD  
Name: SPALTER, RABBI Y  
Address: 770 BOWMAN DRIVE  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: A. LIPSYC

PD

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date