

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F96000004779****1. Entity Name**  
CHABAD LUBAVITCH OF HAWAII, INC.**Principal Place of Business**  
1799 NE 164TH ST  
#117  
NORTH MIAMI BEACH FL 33162**Mailing Address**  
1799 NE 164TH ST  
#117  
NORTH MIAMI BEACH FL 33162**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number**  
**99-0280545**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**TZUR JACOB  
1799 NE 164TH ST  
#117  
NORTH MIAMI BEACH FL 33162 USName  
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 JACOB TZUR** **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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** D ☐ Delete  
**NAME** ELMALEH JACQUES  
**STREET ADDRESS** 2134 KALKAU AVE  
**CITY-ST-ZIP** HONOLULU HI 96815**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** VP ☐ Delete  
**NAME** KRASNJANSKY PEARL  
**STREET ADDRESS** 4070 KEANU PLACE  
**CITY-ST-ZIP** HONOLULU HI 96822**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** PR ☐ Delete  
**NAME** KRASNJANSKY ITCHEL RABBI  
**STREET ADDRESS** 4070 KEANU PLACE  
**CITY-ST-ZIP** HONOLULU HI 96822**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**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)(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.****SIGNATURE: Krasnjansky, Itchel Rabbi** **Pr** **04/26/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)